



**SCHOOL HOLIDAY SPORTS PROGRAM
REGISTRATION FORM**

Bouncer Sports Centre
4 Elcar Lane
Joondalup 6027
Phone: 9300 1600
Fax: 93000822

Parent/Guardian Details

Parents Name:

Address:

Suburb:

P/C:

Email:

Phone :

Mobile:

Emergency Contact:

Phone:

Childs Name:

D.O.B:

Gender:

Age:

Allergies:

Medical Condition:

Medication:

Other:

Program Details

Times: All clinics run from 9.30am till 12.30 pm (children to be collected by 12.40pm)

Ages: Sports Day cater for the children from 5 years of age to 10 years.

All days involve skills sessions, games and a morning tea break.

Enrolment details

Please write your child's name under each day they are enrolling for:

WEDNESDAY JANUARY 24TH 2018 9.30AM TO 12.30PM

	NETBALL			SOCCER	

DECLARATION

- No refunds will be given for sessions missed during the program/Sessions missed **cannot** be made up on another day.
- Clinic fees cover the coach payment, equipment and administration costs for the program and are to be paid when registering your child.
- I agree that my child plays at his/her own risk and accept that I am responsible for their own insurance. I understand and agree that Bouncer sports Centre accept no Liability for any injury sustained whilst playing sport on or within the confines of the centres playing areas.
- I agree my child will abide by the rules, regulations and by-laws as set forth by the owners and managers of Bouncer Sports Centre.

Parents sign..... Date.....

Payment Of \$..... Has been paid:

Taken By (Bouncer Staff Member).....

Payment Type: cash / cash / cheque :

Card No: ___ / ___ / ___ / ___

Sign (Card Holder).....

Exp Date: __ / __