

★ PORT MACQUARIE ★
INDOOR STADIUM

SCHOOL HOLIDAY ACTIVITY DAYS

23rd and 24th December 2019 THEN 6th – 24th January 2020

The school holiday activity days are designed for all children attending primary school (Kinder to Year 6) in 2020. Activity days involve children in a range of sports & group games, plus jumping castles, table tennis, wheelchair sports, arts tables.

WHAT TO BRING & WEAR

- *Morning Tea AND Lunch (though you can place a Lunch order with the Café)
- *Water Bottle.
- *Sports Shoes **ONLY**-we do lots of running & group games
- *Cafe is open for snacks, drinks & to order lunches.

TIME: **8.30am to 5pm.** Please note, you can drop off and pick up at any time between these hours.

COST: **\$30.00** per day / per child. **EFTPOS AVAILABLE.**

BOOKINGS: Can be made by phone or email though if unable to attend you need to advise the Stadium as we require firm bookings for staffing each day. PH: 6583 2501

REFUNDS: Refunds are not possible for 'on the spot' cancellations or 'No Show' bookings. Refunds are possible if cancellations are made with enough time to offer your spot to another child from the waiting list.

NUMBERS: Book early to avoid disappointment as some days can fill up well in advance.

PLEASE CIRCLE DATES WHICH YOUR CHILD WILL BE ATTENDING

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Monday 23 rd Dec 2019	Monday 6 th Jan 2020	Monday 13 th Jan 2020	Monday 20 th Jan 2020
Tuesday 24 th Dec 2019	Tuesday 7 th Jan 2020	Tuesday 14 th Jan 2020	Tuesday 21 st Jan 2020
	Wednesday 8 th Jan 2020	Wednesday 15 th Jan 2020	Wednesday 22 nd Jan 2020
	Thursday 9 th Jan 2020	Thursday 16 th Jan 2020	Thursday 23 rd Jan 2020
	Friday 10 th Jan 2020	Friday 17 th Jan 2020	Friday 24 th Jan 2020

CONSENT AND MEDICAL INFORMATION FORM

All information is confidential and could be important to the welfare of your children.

Registration details

Childs name: _____
 Postal Address: _____ Postcode _____
 Gender _____ D.O.B: _____ Age: _____ School: _____
 Parents Name: _____ Phone: H _____ W _____ M _____

MEDICAL DETAILS

Please indicate if your child suffers from any of the following:

Heart problems	Yes / No	Respiratory Problems	Yes / No
Allergies	Yes / No	High/ Low blood pressure	Yes / No
Recent surgery	Yes / No	Epilepsy	Yes / No
Diabetes	Yes / No		

If you answered YES to any of the above, please give details: _____

Please give any details of any ALLERGIES/ REACTIONS your child may suffer from: _____

Is there any other medical or any other information that we should know about? _____

CONSENT AUTHORITY

As a parent / guardian of _____ I _____
 Give my consent for him/her to participate in the activities organised by the PORT MACQUARIE SPORTS STADIUM and delegate my authority to the coaches involved.

I also authorise those persons to obtain such medical assistance they deem necessary should an accident occur. I undertake to pay all medical expenses incurred on behalf of the above participant. I further authorise qualified practitioners to see to my child if such an incident arises.

Signed: _____ Date: _____

OFFICE USE ONLY

RECEIPT NO: _____ AMOUNT PAID: _____ DATE: _____ STAFF MEMBER: _____

Note: Forms can be dropped into the Stadium weekdays between 9am-9pm or email them to us at portstad@bigpond.net.au

