# 🚖 PORT MACOUARIE 🚖 SCHOOL HOLIDAY ACTIVITY DAYS December 2019 THEN 6<sup>th</sup> – 24<sup>th</sup> January 2020

### and 24<sup>th</sup> 23<sup>rd</sup>

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 BRIN	NG & 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:	<b>8.30am to 5pm</b> . Please note, you can drop off and pick up at any time between these hours.			
COST:	0.00 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 <sup>rd</sup> Dec 2019	Monday 6 <sup>th</sup> Jan 2020	Monday 13 <sup>th</sup> Jan 2020	Monday 20 <sup>th</sup> Jan 2020
Tuesday 24 <sup>th</sup> Dec 2019	Tuesday 7 <sup>th</sup> Jan 2020	Tuesday 14 <sup>th</sup> Jan 2020	Tuesday 21 <sup>st</sup> Jan 2020
	Wednesday 8 <sup>th</sup> Jan 2020	Wednesday 15 <sup>th</sup> Jan 2020	Wednesday 22 <sup>nd</sup> Jan 2020
	Thursday 9 <sup>th</sup> Jan 2020	Thursday 16 <sup>th</sup> Jan 2020	Thursday 23 <sup>rd</sup> Jan 2020
	Friday 10 <sup>th</sup> Jan 2020	Friday 17 <sup>th</sup> Jan 2020	Friday 24 <sup>th</sup> Jan 2020

## CONSENT AND MEDICAL INFORMATION FORM

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

Childs name:Postal Address:PostcodePostcode GenderD.O.B:Age:School:M Parents Name:Phone: HWM MEDICAL DETAILS Please indicate if your child suffers from any of the following: Heart problems Yes / No Respiratory Problems Yes / No Allergies Yes / No Epilepsy Yes / No Recent surgery Yes / No Epilepsy 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 author coaches involved. I also authorise those persons to obtain such medical assistance they deem necessary should an accident occur. I undertake to pay all m expenses incurred on behalf of the above participant. I further authorise qualified practitioners to see to my child if such an incident aris Signed: Date: OFFICE USE ONLY RECEIPT NO:AMOUNT PAID: DATE:STAFF MEMBER:	Registration details				
MEDICAL DETAILS         Please indicate if your child suffers from any of the following:         Heart problems       Yes / No         Allergies       Yes / No         High/ Low blood pressure       Yes / No         Allergies       Yes / No         Eccent surgery       Yes / No         Diabetes       Yes / No         If you answered YES to any of the above, please give details:	Childs name:			D	ostcodo
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🐄 💢 🥒 Note: Forms can be dropped into the Stadium weekdays between 9am-9pm or email them to us at portstad@bigp					