WESTERN DISTRICT HEALTH SERVICE HOLIDAY PROGRAM
REGISTRATION FORM

Complete the following details to help us get to know your child and provide the best possible service.
All information supplied is confidential – see 'Your information, It's Private' brochure for details.

PERSONAL DETAILS			
Last Name	First Name		Gender Male ☐ Female ☐
Street Address	Suburb		Postcode
Childs mobile phone	Date of birth: __ /__ /_____	Aboriginal: Yes ☐ No ☐	Swimming Ability: Non-swim ☐ 25-50m ☐ 50-200m ☐ 200m+ ☐

ACTIVITY INFORMATION:				
Date	**Activity**	**Please Tick**	**Cost per person**	**Office use**
Tuesday 2 April 2013	Laser Strike Warrnambool	☐	$35.00	☐
Thursday 4 April 2013	Luna Park Melbourne	☐	$35.00	☐
Monday 8 April 2013	Movie Marathon Hamilton	☐	$20.00	☐
Tuesday 9 April 2013	Day Spa and shopping Warrnambool	☐	$35.00	☐
Wednesday 10 April 2013	Paintballing Mt Gambier (complete waver form)	☐	$35.00	☐
Thursday 11 April 2013	Adventure Park Geelong	☐	$35.00	☐
		TOTAL		

MEDICAL INFORMATION			
Ambulance cover: Yes ☐ No ☐		Healthcare card: Yes ☐ No ☐	Number:
Medicare No:		Tetanus: Yes ☐ No ☐	Year of immunisation:
Asthmas*	No ☐ Yes ☐		
Epilepsy*	No ☐ Yes ☐		
Diabetes	No ☐ Yes ☐		
Allergies*	No ☐ Yes ☐		
Heart condition	No ☐ Yes ☐		
Travel illness	No ☐ Yes ☐		
Impaired vision	No ☐ Yes ☐		
Impaired hearing	No ☐ Yes ☐		
Injury	No ☐ Yes ☐		
Disability	No ☐ Yes ☐		
Asperger syndrome	No ☐ Yes ☐		
Autism	No ☐ Yes ☐		
ADHA/ ADD	No ☐ Yes ☐		
Dietary requirements	No ☐ Yes ☐		
Behavioural issues	No ☐ Yes ☐	ie: poor social skills	
Other	No ☐ Yes ☐		
***You must provide an ACTION PLAN completed by a doctor with a current photo of child attached**			

PARENT / GUARDIAN DETAILS		
Last Name	First Name	Relationship to child
Street Address	Town	Postcode
Mobile Phone	Alternate Phone	Email

ADDITIONAL ADULT CONTACT DETAILS (must be over 18 years of age)		
Other than the parent/guardian listed above to contact in case of emergency		
Last Name	First Name	Relationship to child
Mobile Phone	Home Phone	Work Phone

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PERSONAL DETAILS		
Last Name	First Name	Gender ☐ Male ☐ Female

MEDIA CONSENT		
At the request of Western District Health Service, I hereby consent to the reproduction of the photographs in which my child appears, in any Western District Health Service publications, displays or paid advertising related to the promotion of the health service; also in any publications (including internet, newspapers and magazines) produced by other agencies to which Western District Health Service might supply the photographs for the general purpose of the promotion of the Health Service.		
Parent/ guardian name	Parent/ guardian signature	Date ___/___/___

PARENT/GUARDIAN DECLARATION (please tick)		
☐ I give consent for my child to take part in the activity/s by Western District Health Service (WDHS). I have read and fully understand all the additional information. ☐ I agree that WDHS will not incur any responsibility or liability for any accident / injury / damage to / loss of property of my child during the activity. ☐ I authorise WDHS to obtain medical/ambulance assistance in the case of emergency involving my child. ☐ I understand if my child is identified with a potential communicable disease a nominated guardian will be required to pick my child up from activity, or alternative transport arrangements will be made at my cost. ☐ In the event of my child behaving irresponsibly and/or not complying with rules, I agree to immediately collect my child from the activity or alternative transport arrangements will be made at my cost. ☐ I also agree to supply my child with all necessary medication and understand that staff cannot administer medication to my child. ☐ I understand and accept that it is my responsibility to advise WDHS of any changes to the information supplied.		
Parent/ guardian name	Parent/ guardian signature	Date ___/___/___

BOOKINGS		
All bookings must be made through Western District Health Service Cash, cheque, credit or debit card are accepted. Cheques must be made payable to Western District Health Service. Bookings can only be made Monday to Friday 9.00am – 5.00pm. Only cancellations made a minimum of five working days prior to activity will be eligible for a refund.		
In person Frances Hewett Community Centre 2 Roberts Street, Hamilton VIC 3300	**Via mail** Western District Health Service Holiday Program Frances Hewett Community Centre PO Box 283 Hamilton VIC 3300	**Over the phone:** 03 5551 8450 **Fax:** 03 5572 5371 **Email:** fhcc@wdhs.net

PAYMENT DETAILS		
Payment method ☐ Cash ☐ Cheque ☐ Visa ☐ Mastercard		
Cardholder's name		Date ___/___/___
Card number		
Expiry date	Amount	Cardholders signature

Office Use Only		
Staff member		Date ___/___/___
Receipt number	Payment form Cash ☐ Cheque ☐ Eftpos ☐ Invoice	Amount received $ _____

WAIVER RELEASE AND INDEMNIFICATION FORM

TO – THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL) in consideration for you allowing me to play and/or take part in the game of 'Paintball'

1. I hereby agree for myself, my executors, administrators, heirs, next of kin, successors and assigns:
   (a) not to make any claim or any demand of any kind or institute any proceedings against THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL) for any injury, damage of any kind whatsoever, or death sustained by me or occasioned to me in the course of or incidental to playing the game 'Paintball' or arising or resulting directly or indirectly from any act, omission, neglect or default on the part of THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL) or arising or resulting from faulty equipment issued to me by any of THE OPERATORS (BURRUNGULE PARK PAINTBALL).
   (b) to indemnify and save harmless THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL) all loss injury or damage which they or any one of them may sustain by reason of:
   (i) any loss or injury suffered by me in the course of or incidental to playing the game 'Paintball' or arising or resulting from me being on or near the designated playing field area and/or
   (ii)any loss or injury suffered by me or any other person whosoever as a result of my neglect or willful act or omission;
   (c) the expressions THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL) shall include the following: the owners and proprietors of Burrungule Park Paintball and any directors, officers, agents, servants, licensees and invitees of THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL).
2. I warrant that I am fully aware of all risks involved in playing 'Paintball' and that there is a possibility of injury to me including injury caused to me if 'Paintball' equipment does not function properly. I nevertheless wish to assume all such risks.
3. I hereby acknowledge that 'Paintball' is a physical game and may become physically strenuous. I hereby warrant that I:
   (a) am in good physical condition;
   (b) have no disability, impairment or ailment which would prevent me from playing 'Paintball' or would be detrimental to my health, safety, comfort or physical condition, or the health, safety, comfort or physical condition of others while playing 'Paintball' or while at or near the designated 'Paintball' playing field area.
4. I undertake to play 'Paintball' only in accordance with the safety instructions, rules and suggestions presented to me by of THE PAINTBALL OPERATORS (BURRUNGULE PARK PAINTBALL).
5. I have reached ten years of age and if under eighteen agree this from is signed by my parent/guardian.
6. I agree and undertake at all times to wear and not remove eye safety goggles whilst on or close to the designated 'Paintball' playing field area.

NAME _____ **M / F** **BIRTHDATE** _____

ADDRESS _____ **TOWN** _____ **Area Code** _____

PHONE _____ **DATE OF PLAY** _____

SIGNATURE _____ **WITNESS NAME & SIGNATURE** _____