



School Holiday Registration Form

Parent/Guardian Details:

Surname: First Name:

Address:

Mobile: Home: Work:

Email:

Emergency Contact: Name: Ph:

Child/ Children's Details:

Name: Date of Birth: Age:

Name: Date of Birth: Age:

Name: Date of Birth: Age:

Date of Program:

Cost:

Mode of Payment (please circle)

Credit card

Eftpos

Cash

Cheque

Ezypay

Informed Consent

I acknowledge that I am aware there is an inherent risk of injury or ill health resulting from the use of the We R Kids Gyms facilities.

I therefore undertake to have my child utilise these facilities and services at my own risk and I hereby waive- on behalf of myself, my heirs and executors thereafter – liability against We R Kids Gyms for any injury, illness or adverse change in my child's medical condition or state of health (whether permanent or temporary) arising directly or indirectly from my child's use of We R Kids Gyms centre or other services provided by We R Kids Gyms.

I acknowledge that the services, which are subject to this waiver of liability, include all advice and directions related to such services.

I understand that this waiver is valid for all visits to We R Kids Gyms during the length of program/usage and including the date of signing.

I give permission for the staff to take my child on local excursions or outings away from the centre eg soccer fields

All We R Kids Gyms instructors are fully qualified to work with children.

Management reserves the right after consultation with a parent, to cancel a child's participation in a class for disruptive behaviour

I give permission for the use of photos of my child/children for publicity .

Name (please print):

Signature:

Date: