

**ACTIVITY APPLICATION FORM (Please complete one form per child)**

Name of child/young person: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Carer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Type of activity: (please tick)

|   |                           |                |                             |
|---|---------------------------|----------------|-----------------------------|
| <b>Kids Cooking: Age: 5 - 12 years.</b> | <b>Time: 2pm – 3.30pm</b> | <b>Max: 10</b> | <b>Cost: \$5 per person</b> |
| 🍏 Tuesday 30 <sup>th</sup> September    |                           |                |                             |

|  |                         |                |                             |
|--|-------------------------|----------------|-----------------------------|
| <b>Kreative Kooks: Age: 10 – 18 years.</b> | <b>Time: 10am – 1pm</b> | <b>Max: 15</b> | <b>Cost: \$5 per person</b> |
| 🍏 Wednesday 1 <sup>st</sup> October        |                         |                |                             |

|   |                             |                |                             |
|---|-----------------------------|----------------|-----------------------------|
| <b>Craft classes: Age : 5 – 12 years.</b> | <b>Time: 10am – 11.30am</b> | <b>Max: 10</b> | <b>Cost: \$5 per person</b> |
| 🍏 Tuesday 7 <sup>th</sup> October         |                             |                |                             |

|                                    |                  |                |                             |
|------------------------------------|------------------|----------------|-----------------------------|
| <b>Movie Event: Age: 5</b>         | <b>Time: TBA</b> | <b>Max: 10</b> | <b>Cost: \$5 per person</b> |
| 🍏 Thursday 9 <sup>th</sup> October |                  |                |                             |

Emergency Contact Name: \_\_\_\_\_ Contact mb: \_\_\_\_\_

Any Known allergies: (please circle) YES NO

If you answered yes, please list here \_\_\_\_\_

**TERMS and CONDITIONS:**

**Payments & fees –**

- Payment for all activities must be made at the time of booking, in order for your booking to be confirmed.
- Payment can be made via bank transfer, credit/debit card through the Chamber of Commerce or in cash at the Neighbourhood Centre. Shop 1, 170 – 172 Jacobs Drive, Sussex Inlet.

**Make up's, credits & Refunds –**

- Refunds or credits cannot be given for change of mind bookings.
- In the event of an illness, and if space is available a make-up group may be offered.

**Drop off / Pick up –**

- All participants must be dropped off and picked up at the venue. We ask that parents are mindful of all children's safety and comply with this.
- Once the activity has concluded, we are not be able to provide supervision so we ask that parents are punctual upon pick-up times.

**Medical, Injury, Illness –**

- Parents are required to inform the Chamber of any allergies, medical conditions or additional needs their child has at the time of enrolling.
- Parents are requested to explain known triggers, symptoms and management strategies to assist us to recognise and manage the condition.
- An Anaphylaxis / Asthma plan must be provided for all activities where applicable.
- If your child is unwell, please do not bring them to the activity. Please notify the Neighbourhood Centre or Chamber of Commerce of their illness and absence if your child will not be in attendance due to sickness.

**Disclaimer:** All activities are planned with safety and consideration of the child/children attending however potential or actual risks may still occur. I, the undersigned, confirm that I have read, understood and agree that in the event of injury or physical harm to my child, release Sussex Inlet Chamber of Commerce Inc, its organizers, promoters, instructors, and participants from any and all liabilities, including medical and emergency care costs. I permit trainers and other personnel to administer first aid or call for emergency assistance if needed and acknowledge that such treatment will be limited to first aid.

I have read and understand the terms and conditions of booking  (Please tick)

Parent/Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo permission: (by ticking the box below you give permission for photos to be taken)

I hereby give consent to Sussex Inlet Neighbourhood Centre to take and use photos for the purpose of publication and distribution within our annual report and other newsletters as well as promotion within the Inletter.

Payment via cash, debit or credit card to be paid at the Neighbourhood Centre (Shop 1, 170 – 172 Jacobs Drive Sussex Inlet) or via bank transfer:

**Account name:** Sussex Inlet Foundation for Community Development Inc

**BSB: 082 356**

**Account: 723158119**

Please include "activity name and child's name" in reference.

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*Office use only:*

*Payment received:*