



ABN 31 416 737 307

Unit 2/5 Vuko Place  
Warriewood, NSW 2102

Tel: 02 9913 8066 Fax: 02 9913 9066

# Registration Form

## SLSS Holiday Program 2009

13<sup>th</sup> January 2009 – 22<sup>nd</sup> January 2009

Email: [info@surflifesaving.net.au](mailto:info@surflifesaving.net.au)  
[www.surflifesaving.net.au](http://www.surflifesaving.net.au)

Please tick days your child will be attending, please fill in one form per child

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Tuesday 13 <sup>th</sup> January | <input type="checkbox"/> Wednesday 14 <sup>th</sup> January | <input type="checkbox"/> Thursday 15 <sup>th</sup> January |
| <input type="checkbox"/> Tuesday 20 <sup>th</sup> January | <input type="checkbox"/> Wednesday 21 <sup>st</sup> January | <input type="checkbox"/> Thursday 22 <sup>nd</sup> January |

PARTICIPANT NAME:.....  Male  Female      DOB:.....

ADDRESS:.....

Email Address of Parent/Guardian.....

EMERGENCY CONTACT 1 : Name..... Contact #.....

EMERGENCY CONTACT 2. Name..... Contact #.....

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:  ASTHMA     DIABETES     EPILEPSY     ALLERGIES

ANY OTHER INFORMATION WE NEED TO KNOW: .....

Swimming capability:  Strong (up to 100m)  Average (Up to 50m)  Poor (Up to 25m)

I hereby consent to my son/ daughter.....to participate in the Surf Life Saving School Holiday Program to be held at Collaroy Beach during January 2009. I understand that all care will be taken, but acknowledge the risks associated with any outdoor activity. In the event of injury or illness, I also authorise the seeking of any medical assistance that my child may require.

I do / do not consent to photos being taken to promote the program. (Please circle)

Name:.....Signed:.....Date: .....

Payment Details:  Cheque  EFT  Credit Card **Total Amount Paid** (\$66 per day or \$165 for 3 day program).....

Please make cheques out to **SURF LIFE SAVING SCHOOL** and post to **Unit 2/5 Vuko Place, Warriewood, 2102**

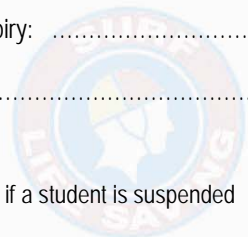
Account details for EFT Payments – please use SURNAME of booking as your reference

**BSB: 032 094 Account # 225580 Account Name: Surf Life Saving School**

Mastercard  Visa      Card Number: .....Expiry: .....

Name on Card ..... Signature:.....

- We reserve the right to change the location and activities subject to beach and weather conditions.
- Whilst all care will be taken, we will not be responsible for loss of personal belongings – do not bring valuables
- We reserve the right to suspend a student from the program due to inappropriate behaviour. No refunds will be given if a student is suspended
- Late fees of \$20 per quarter hour will be charged for late pick ups- please be on time



### THE 21 CLUBS ON THE NORTHERN BEACHES

