

# CHILDRENS PROGRAM

ENROLMENT FORM  
ACTIVE LITTLE LEGENDS

## APPLICANT INFORMATION

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	CHILD #1	CHILD #2	CHILD #3
First Name:			
Surname:			
Date of Birth:			
Age:			
Name of Parent or Guardian (Emergency contact):			M:
Alternate Emergency Contact:			M:
Email Address:			

I give permission for photos of my child(s) to be taken and used for promotional purposes. Yes ☐ / No ☐

## PROGRAM INFORMATION

PROGRAM	DETAILS	ABOUT
Active Little Legends	<p>Wednesday 1<sup>st</sup> October – 10.15am</p> <p>Wickham Oval</p>	<p>Active Little Legends sessions will be exploring a different sports/activity (soccer, basketball, balance etc.) for children. Parent/guardian participation required.</p>

## Program Details

- Active Little Legends is targeted towards 2–4-year-olds
- All kid's MUST be signed IN and OUT by an adult
- Please ensure you pack your child's water bottle
- Children must be aged in the relevant age category to be eligible for activities
- Payment is required at the time of enrolment
- Forms that are emailed must have credit card details attached.

**Need more info? Get in touch!**

[f](#) Wickham Recreation Precinct [9186 8684](tel:91868684)

[✉](mailto:wickham.rec@karratha.wa.gov.au) wickham.rec@karratha.wa.gov.au

## TERMS & CONDITIONS

To provide a well organised and safe program, the following conditions have been devised. Your cooperation in complying with the following conditions will assist us to provide a safe and enjoyable Program for your children.

I understand and agree to the procedure of fee payments, refunds and penalty payments as set out below:

- Fees are to be paid in advance when booking a place. Choose carefully as there are **NO REFUNDS**.
- Minimum of 4 registrations are required for the program to go ahead.

### 1. CHILD & PARENT/GUARDIAN'S PARTICIPATION

- I will not bring myself or my child if I/they are ill and/or unable to participate in the regular activities of the program.
- I understand that I must participate in the activities with my child/children.

### 2. SIGNED IN & OUT

- Each child must be signed in & out to each of their enrolled sessions by the participants Parent/Guardian

## DECLARATION

I confirm that I have read and understood and agree to the information provided pertaining to my child/children's participation in the Wickham Recreation Precinct Programs. I have disclosed all relevant information regarding physical, mental or other health conditions which could be aggravated, worsened or impacted by physical exercise or participation in activities by my child/children.

I have read and agree to the Program Details.

I agree that the City of Karratha, Wickham Recreation Precinct and its officers, leaders and staff shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the participant(s) or any damage or loss of property of the participant(s).

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

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

## PAYMENT METHOD - If enrolling via Email, please fill out your credit card details below:

Amount Paid: \$	Visa      MasterCard
Card Number:	CCV #
Name on Card:	Expiry: ____/____
Signature:	Date: ____/____/____

**Return completed form to the Wickham Recreation Precinct**

**In Person:** Wickham Recreation Precinct Reception

**Email:** [wickham.rec@karratha.wa.gov.au](mailto:wickham.rec@karratha.wa.gov.au)