



Morley Sport & Recreation Centre - Leisure Program Enrolment Form

Participant Details:

First Name:	Surname:	D.O.B / /
Address:	Suburb:	Postcode:
Mobile:	Home Ph:	Gender:
Email:		
If under 18, Parent/Guardian Name:		
School child attends (if applicable):		

Program:	Term:	Day:	Time:
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Background Information:

Did you/ your child participate in a program last term?	YES / NO
How did you find out about this particular program? Please tick:	
<input type="checkbox"/> Friend/referral <input type="checkbox"/> Social media <input type="checkbox"/> Brochure from Centre <input type="checkbox"/> School <input type="checkbox"/> Searched Internet <input type="checkbox"/> OSHC/Holiday Clinic <input type="checkbox"/> Centre Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (<i>please specify</i>).....	
Do you/ your child suffer from any medical conditions/injuries?	YES / NO
If yes, please specify:	

Conditions of enrolment:

YMCA WA is committed to the safety of children and young people in all of our classes and facilities. As such, YMCA undertakes accreditation with the Australian Childhood Foundation to ensure the highest level of safety for our participants and staff.

I acknowledge that YMCA & its staff will take all reasonable care of me/my child and I will not hold them responsible for any damage/loss to property and/or accidents.

I agree to walk my child to/collect my child from the designated room/court before/after the class time. I agree that my child understands they are not to leave the designated room/court until I collect them.

We ask that all children not participating in classes to be well behaved and in sight of parent/guardians at all times. This is in alignment with our health and safety and Safeguarding Children policy

I understand that if my child is enrolled in any of the dance/singing or drama classes that parents are not permitted to sit in the class as this can be disruptive to the instructors and children.

In case of an accident or untoward incident I give my consent for any necessary medical treatment and agree to meet any expense incurred.

I realise that I am responsible for informing YMCA staff of any medical conditions that may affect my own or child's participation in the activity. I also agree to notify my instructor before each lesson of any injury/medical condition that will inhibit me / my child to participate in some activities.

This enrolment is **non-transferrable** and only valid for the term of its purchase stated on top of the form.

I understand that if the class does not receive the minimum required number of enrolments by week 2, the class may be cancelled with any outstanding monies refunded by cheque or used as credit towards another program.

Any session not used during the term of purchase will be forfeited and is **NOT** transferable into future programs

Refunds will only be issued with a medical certificate and will incur a 10% administration fee.

Session trials are only available to those who have **NOT** previously participated in the program and are valid for **TWO** classes only. After this time, if you wish to continue with the program, **I understand it is my responsibility to notify staff and make full payment in order to secure the position for the rest of the term.**

I am aware that YMCA WA has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt with promptly and appropriately. Any allegation or disclosure of abuse, neglect or assault, including sexual assault of an enrolled child, will be reported to the Department of Child Protection and Family Support.

I give Permission for YMCA to Photograph my child for promotional purposes: Yes / No

I HAVE READ AND ACCEPT THE ABOVE TERMS AND CONDITIONS OF ENROLMENT

Signature: (Parent/ guardian if under 18)

Date: / /

Amount: _____

Receipt _____

Staff : _____



Returning Participant

First Name	Surname
Mobile :	Email :
Parent/guardian Name:	
Program :	Term:
Day:	Time :

**I give Permission for YMCA to Photograph my child for promotional purposes (please circle):
Yes / No**

CONDITIONS OF ENROLMENT:

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Signature: (Parent/ guardian if under 18) **Date**.....

Amount: _____

Receipt _____

Staff : _____