

Booking Information

Child's Full Name	DOB: DD/MM/YYYY

Parent/Guardian & Emergency Contact Information

Name & Relationship	
Address	
Phone	
Email	
Secondary Emergency Contact	
Name & Relationship	
Phone	

Other Adults Authorised to Collect

Name & Relationship	
Phone	
Name & Relationship	
Phone	

Health & Medical Conditions

If your child has been diagnosed with any Health or Medical Conditions, or has any Special or Dietary Needs, please fill out the Health & Medical Form below.

Health & Medical Form



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Does your child take any medications regularly? If so, please provide further details2_____.
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Does your child have any dietary requirements / preferences? If so, please provide further details:  
\_\_\_\_\_

Does your child have any other special needs or requirements? If so, please provide further  
details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Booking T&C's

## Payment Details

Payment to be made in full on day of attendance. Accepted payment methods include cash or card payment (Debit/Credit card facilities available; 1.8% surcharge applies).

## Cancellations

In the unfortunate event that your child is unable to attend their booking, please advise DropSpot Kids at your earliest convenience. Notice can be given in writing via email or SMS.

## Media Permission

- ☐ I give permission for my child's photographic and/or video image, voice and/or words to be used for promotional purposes in official publications of DropSpot Kids.
- ☐ I do not give permission.

## Excursions

- ☐ I give permission for my child to attend any planned excursions, including participating in walks to the nearby playground/park, swimming pool, basketball court, skate park and library. Details of all activities will be provided prior to attendance.
- ☐ I do not give permission.

## Indemnity Statement

- ☐ I agree for my child to attend DropSpot Kids and to undertake all activities and/or participate in the above program. In the case of an emergency, I authorise DropSpot Kids, where it is impracticable to communicate with me, to arrange for my child to receive such medical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention and ambulance transport while my child is attending DropSpot Kids. I understand that although DropSpot Kids and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen, and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at DropSpot Kids as part of the program, and I accept that risk.
- ☐ I, the undersigned, accept full responsibility for my child/ren's personal belongings and for my child/ren's behaviour during the camp and in the event of misbehaviour I will be contacted and may be asked to collect my child/ren.

Parent/Guardian Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_