

Enrolment Form

Child's Name:	
Parent/Guardian:	
Address:	

DOB:	
Mobile #:	
Email:	

PROGRAM DETAILS				
Program Name	Day	Location	Time	Cost

PAYMENT DETAILS				
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Total Cost: _____ - Vouchers \$ _____ = **Total Due:** _____

- Cash** – (if you are paying by cash if you could please put the correct money in an envelope with your registration.)
 Cheque
 Direct Deposit

BSB: 082 748

Acc #: 164649666

Acc Name: Sporty Kids Pty Ltd

DECLARATION: I am a person with lawful authority of the child referred to in this registration form and; - Declare that the information in the registration form is true and correct and undertake to immediately inform Sporty Kids in the event of any change to this information or care arrangements – Agree to remain at the sessions at all times or arrange for another adult to remain on my behalf. - Consent to Sporty Kids seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the service. - Have read, understand and agree to follow the fee payment structure and policies. I agree to make payment prior to my first session to ensure participation.

Signed: _____

Date: _____

Cancellation Policy: Refunds are not provided unless adequate reasons are provided and are at the discretion of Sporty Kids Management. If you have paid for a holiday clinic and cannot attend due to medical reasons, you will be allocated a full credit for the following holidays/term. Sporty Kids reserve the right to cancel a session due to extreme weather conditions or other situation beyond their control. If Sporty Kids cancels a session you will receive credit to be used next term for each cancelled session.

Office Use Only: Amount Paid: _____

Date Received: _____