

Active Teens Enrolment Form

TERM: 3 2024

Surname: _____ Given Name: _____

D.O.B: ____ / ____ / ____ Age: _____ Gender: M | F

Address: _____
_____ Post Code: _____

Parent/Guardian: _____ Contact: (mob) _____

Email address: _____

Secondary Contact Name: _____ Phone: _____

Programs:

Active Teens: 5-week program Monday 22 July – Wednesday 21 August.

MONDAY 4PM – 5PM
WEDNESDAY 4PM – 5PM

Full Fees of \$126 are due in full by Friday, 19 July 2024.

***Please do not assume placement until confirmation has been received.**

Enrolment forms & payment must be made 24 hours before class commencement.

Where did you hear about this program? _____

Are there any court orders relating to the guardianship, custody or access to the child?

No Yes (paperwork to be provided)

Do you consent to your child's photograph being used in the Centre's advertising? No Yes

Does the Student suffer from any of the following **medical conditions**?

No Yes (please tick)

Asthma Lung Condition Autism Heart Condition

Allergies Diabetes Physical Disability Blood Disorder

Epilepsy ADHD Other: _____

Name of student suffering from condition: _____

Please Fully Complete Pre-Exercise Screening System (PSS) Parent Tool completed & sign:

CONDITIONS OF ENROLMENT

I have read and agree to all policies and procedures outlined overleaf and above in
"Leschenault Leisure Centre Junior Classes Policies and Procedures"

Signature of Parent/Guardian: _____ Date: _____

Leschenault Leisure Centre Classes

Policies and Procedures

GENERAL

- Please ensure your child arrives on time and waits in the players' lounge for the personal trainer to collect them in order that they can provide maximum teaching time for all students. Trainers are not responsible for finding children for their session.
- It is a requirement that a pre exercise screening questionnaire is completed for your child and signed by a parent/guardian.
- Please advise the Health & Fitness Coordinator and/or Trainer of any medical conditions, which may affect the student or other students during sessions. We reserve the right to request a doctor's certificate prior to commencing sessions advising us that the child is fit to participate should the Health & Fitness Coordinator determine there is a need to do that.
- No lessons will be conducted on public holidays. Term fees will be adjusted accordingly
- We will not be responsible for any injury that occurs to a child prior to commencement of the class.
- For the safety of all children please inform the instructor if someone other than yourself will be collecting your child from his/her session.
- It is a requirement of entry to the gym to wear closed in shoes and to use a towel on equipment.

FEES

- Full fees are to be paid after free sessions and prior to commencement of remainder of program.
- Fees cannot be transferred to other families.
- Fees can be transferred to subsequent terms subject to a doctor's certificate being provided.
- Fees can now be paid over the phone by credit card.

MISSED SESSIONS AND CANCELLATIONS

- Make-up sessions are not run at this Centre.
- Please ring the Centre and advise us if you will not be attending your class
- NO CREDITS OR REFUNDS WILL BE GIVEN IN LIEU OF OR FOR MISSED SESSIONS OR CANCELLATIONS.

If you require a copy of our policies and procedures in a larger font please advise reception.

Leschenault Leisure Centre Disclaimer

The Shire of Harvey will not be responsible for any injury suffered by either participant or non-participant members of the group while using facilities: whether the injury be self-inflicted, caused by another member of the group, or caused by another person not associated with the group.

The Shire of Harvey will not be liable in any way for any loss of, or damage to the property of members of the group, whether members or non-members of the group cause the loss or damage.

The above does not apply to the extent that any injury, loss or damage is caused or contributed to by the wilful negligent or other unlawful act of omission of the Shire of Harvey or any of its employees, officers, agents or contractors.

OFFICE USE ONLY

Health & Fitness Coordinator:

Notes: _____

Taken By: _____ Receipt Number: _____ Family Number: _____

Fees: _____ (minus -) Discount Given: _____%(equals =) Amount Paid: _____

Details checked (initials): _____ Date: _____ / _____ / _____

Please debit the term fees from my **MasterCard** **Visa**

Card No.: _____ Expiry: _____/_____/_____

Name on Card: _____