

KIDS CLUB INDEMNITY FORM

If possible, please return or email this form to the office by 6:00 pm to register your child's attendance for the following day. Email address: holiday@holidayalbany.com.au

Childs Name:

Age:

Room/Site Number:

Departure Date:

Does your child have any dietary requirements? If yes, please specify.

Does your child take medication? If yes, please specify.

Are there any restrictions on your child participating in certain activities? If yes, please specify.

Is there anything else the Kids Club Educator should be aware of about your child? If so, please specify.

Are you happy for your child to walk back to where you are staying at the end of the day's activities? If no, please collect at the end of the activity at the Kids Club room and notify educator.

I consent to my child being photographed and further, the photographs containing my child to be used for social media and media purposes. **Y N**

If no, you are obligated to inform the educator verbally at the start of the activity and we will mark your child/children with a special name badge.

Emergency contact details:

Name:

Relationship to Child:

Phone Number:

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of participating children, the park and its leaders will not take any responsibility and won't be liable whatsoever for any accident or sickness to any participant or/and any damage to his/her property that may happen throughout the activity.

I accept full responsibility and give my consent for my child to participate in the Kid's Club and associated activities.

Parent or Guardian's Name: _____

Signature: _____

Date: _____