



2007 LEARN TO SAIL  
SCHOOL HOLIDAY COURSES  
*Please complete all sections*

NAME OF CHILD: \_\_\_\_\_

SEX:  M  F      DATE OF BIRTH / /

HOME ADDRESS: \_\_\_\_\_

Post Code

PHONE NUMBER:

Primary Language Spoken By Child: \_\_\_\_\_

**Parent/ Guardian Information**

Name: \_\_\_\_\_ Phone (w): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (w): \_\_\_\_\_

Mobile Phone Numbers: \_\_\_\_\_

Residential Address (if different from child's): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your child subject to a particular parenting plan or protection order? (Please tick)  
Yes  No

If yes, please provide details: \_\_\_\_\_

**People to collect children other than parent or guardian**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Name of person to contact in an emergency other than the parent or guardian**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Swimming Ability**      Can your child swim 50 metres?    Yes       No   
(Please tick):    Non Swimmer       Weak       Average       Strong

**Child's Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is your child fully immunized for their age? (Please tick)  
Yes  No

**Information which will help us provide better care for your child**

Please include information about allergies, disabilities, behavioural problems, cultural and religious requirements. If not enough space provided please attach separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on medication? (Please tick)    Yes       No

If yes, please ensure that you complete a Medication Permission Form if your child requires medication during care.

**Applicant's Authorisation (please sign or initial along the line provided)**

- I give permission for the YMCA to use photographs, slides, moving pictures and television tapes for my child for marketing and public relations purposes.
- I give permission for the YMCA to use photographs for internet marketing and public relations purposes.
- I authorize the YMCA to obtain at my cost medical, hospital and ambulance service in the case on an accident or an emergency involving my child.
- I understand that refunds are only available when the YMCA cancels an excursion.
- The information that you give the YMA will be used by the YMCA for our purposes and will not be disclosed to any other person or organization. However, if you have authorized the YMCA to obtain medical, hospital or ambulance services for your child, it may be necessary or desirable to provide some personal information to the person providing the service. In the unlikely event that the YMCA wants or needs to provide information to any other person, we will first seek out your consent

The YMCA of Canberra Inc, its officers, members and volunteers shall not be liable for any injury, loss or damage whether caused by negligence or otherwise, arising out the conduct of this service.

**I have read the above information and agree that the above information is correct:**

Program	Above Info Correct	Parent Signature	Date
10-14 December	<input type="checkbox"/>		
17-21 December	<input type="checkbox"/>		
7-11 January	<input type="checkbox"/>		
14-18 January	<input type="checkbox"/>		
21-25 January	<input type="checkbox"/>		
29 Jan- 1 Feb	<input type="checkbox"/>		