

BOOKING INFORMATION

Child's Full Name	DOB	PCYC Membership Number

Parent/Guardian & Emergency Contact Information

Name & Relationship	
Address	
Phone	
Email	

Second Emergency Contact

Name & Relationship	
Phone	

Other Adults Authorised to Collect

Name & Relationship	
Address	
Name & Relationship	
Address	

HEALTH, MEDICAL CONDITIONS & COMPLEX BEHAVIOUR

If your child has been diagnosed with any Health or Medical Conditions, is known to display symptoms of Complex Behavior or demands any Special or Dietary Needs, please fill out the PCYC Health & Medical Form (please see PCYC staff to access this form).

Applicable: Y N



BOOKING DETAILS

Additional Holiday Program Information

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Payment Details

Payment Details (If not paying directly at PCYC)			
Name on Card			
Card Number		Signature	
Expiry Date		CVC Number	
Voucher Details (If applicable)			
Please Tick	<input type="checkbox"/> Active Kids	<input type="checkbox"/> Creative Kids	
Voucher Number			

Bookings will not be accepted without payment in full.

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 the Police & Citizens Youth Clubs NSW.
- I do not give permission.

Indemnity Statement

I, the parent/guardian, have read and agree to terms and conditions outlined and:

- I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise PCYC, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program. I understand that although PCYC 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 the Centre/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 program and in the event of misbehaviour I will be contacted and asked to collect my child/ren.

Parent/Guardian Name Signed Date

