

Water polo development clinic

Enrolment information 0036174

Name	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Address	Phone	
<input type="text"/>	Home	
<input type="text"/>	Work/mobile	
Email	Please select your jumper size:	
<input type="text"/>	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large	
Do you have any medical conditions, allergies or disabilities? Please give details.	<input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	
<input type="text"/>		

Optional information

To help us serve the community it would be appreciated if you could answer the following questions:

Are you from a culturally diverse background? <i>(for statistical purposes only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	How did you find out about this program?
Are you of Aboriginal or Torres Strait Islander descent? <i>(for statistical purposes only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Payment information

My cheque or money order payable to 'NSW Sport and Recreation' is enclosed OR charge \$ to my credit card: Visa Mastercard

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date /

Cardholder name

Signature

Media consent

Strike out whichever does not apply:

I agree to allow NSW Sport and Recreation to use my/my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Full name Parent Guardian (please tick)

Signature

Date

 / /

Privacy statement

The NSW Department of the Arts, Sport and Recreation (DASR) of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the Water polo development camp. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Refunds and cancellations

Requests for refunds must be made within seven (7) working days prior to the commencement of the program in which you are enrolled. All requests must be made in writing. All refunds are subject to an administration fee of 20 per cent of the total program fee. Refunds will not be given for partial attendance, nor will make up lessons be provided. Refunds will be paid at the completion of the program. NSW Sport and Recreation reserves the right to cancel any program/s. Every effort will be made to give reasonable notice to those who have enrolled when a program is cancelled. Those enrolled will be given a full refund.

Risk waiver

Strike out whichever does not apply:

I wish to attend/I agree to my child's/ward's attendance at the program noted above.

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me/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 I am/my child/ward is enrolled with the program.

I understand that although DASR 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.

Full name Parent Guardian (please tick)

Signature

Date

 / /

For more information call

13 13 02

www.dsr.nsw.gov.au

