Bridgetown Leisure Centre

SEPTEMBER SCHOOL HOLIDAY PROGRAM

APPLICANT INFORMATION

SURNAME:

	Child #1	Child #2	Child #3
First name			
Date of birth			
Age			

Name of Parent/Guardian:	
Address:	
Email Address:	
Phone:	
Alternative Emergency Contact	**Name:** **Phone:**

MEDICAL DETAILS

Child's Name	Condition	Medication
		Yes / No
		Yes / No
		Yes / No

PERMISSION

Do you give permission for your child/children to watch PG rated movies, deemed appropriate during the program **Yes / No**

Do you give permission for your child/children to be photographed by centre staff whilst participating in the program's activities photo's may be used for promotional purposes **Yes / No**

Do you give permission for your child/children to move between Bridgetown Library and Bridgetown Leisure Centre during the program **Yes / No**

Select Days Required

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Sept/Oct 2026	Price	Total
WEEK 1		
Monday 28th		PUBLIC HOLIDAY
Tuesday 29th		NO SESSION
Wednesday 30th	$57.50	
Thursday 1st	$57.50	
Friday 2nd	$70	
WEEK 2		
Monday 5th		NO SESSION
Tuesday 6th	$70	
Wednesday 7th	$57.50	
Thursday 8th	$57.50	
Friday 9th		NO SESSION

- I consent to my child/children attending the session(s) indicated above.
- I am aware the hours of care are from 9:00am until 3:00pm.
- I understand that if I need to cancel, that I must give a minimum of 24hrs notice by emailing Recreation@bridgetown.wa.gov.au to apply for a refund of the session.
- I understand that the Shire of Bridgetown-Greenbushes has the right to cancel the program/session if the required number of participants has not been met.
- In case of an accident or untoward incident, I give consent for any necessary medical treatment and/or ambulance transport. I agree to meet any expenses incurred.
- I have read and understood the information provided in this form.

Parent/Guardian Name_____ **Signatuare**_____