 **Fitness**

##### **WRP “Play Program” - Registration Form**

##### Amenities Building, Carse Street Wickham│T (08) 9186 8684 │

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| --- | --- | --- | --- |
| **Child’s Full Name:** |  | **D.O.B** |  |
| **Parent/Guardian:** |  |  |  |
| **Home Address:** |  |  |  |
| **Contact Number (Hm)** |  | **(Mobile)** |  |
| **In Case of Emergency:** |  |  |  |
| **Contact Phone:** |  |  |  |

**Provisions for participant’s welfare will be made according to the information supplied in this section.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Descriptive Information** | | |
| 1. Immunisation |  |  |  | | |
| 1. Allergy – Drug |  |  |  | | |
| 1. Allergy – Food |  |  |  | | |
| 1. Allergy – Insect |  |  |  | | |
| 1. Asthma |  |  |  | | |
| 1. Diabetes |  |  |  | | |
| 1. Epilepsy |  |  |  | | |
| 1. Heart Condition |  |  |  | | |
| 1. Migraine |  |  |  | | |
| 1. Intellectual Disability |  |  |  | | |
| 1. Physical Disability |  |  |  | | |
| 1. Other |  |  |  | | |
|  | | | | **Yes** | **No** |
| 1. Does your child require medication throughout the day, e.g. prescription drugs? if so please give these to the “Play Program” staff with instructions of use. | | | |  |  |
| 1. Does your child wear or carry a medic alert bracelet/charm/card? | | | |  |  |
| 1. Does our child have any special food requirements for medical/religious reasons? | | | |  |  |

**Things We Need to Know, e.g. toilet training, behavioural tendencies?**

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**Acceptance of Conditions of Use**

I **………………………………………………….** accept that I must stay within 200meteres of “WRP Play Program” and I understand that I must be available to respond to my child’s needs while I attend the activity/programme.

I am aware that I must not leave my child until the form is signed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent’s Signature:** |  |  | **Date:** |  |