

NATURLISTE COMMUNITIY CENTRE

ENROLMENTS TERM 4 2025

Saturday 18 October tp6th December

STAFF
INITIAL

STUDENTS FIRST NAME	SURNAME	DATE OF BIRTH
1.		
2.		
3.		
4.		

CONTACT DETAILS: (PLEASE PROVIDE EMAIL ADDRESS TO ENABLE BOOKING CONFIRMATION TO BE SENT)

Parent/Guardian's Name: _____

Email: _____

Mobile: _____ Home: _____ Work: _____

Emergency Contact Person: _____ Phone: _____

Relationship to Student/s: _____

In order to avoid any difficult situations please advise the Centre if there are any court orders relating to the guardianship, custody or access to the child. NO ☐ YES ☐ (paperwork to be provided)

MEDICAL HISTORY Please specify any existing medical conditions or disabilities

Any health problems, which may affect their ability to safely participate in exercises?
YES ☐ NO ☐
(if yes please complete an updated pre-exercise screening tool)

STUDENTS NAME:	MEDICAL CONDITIONS:
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For Office Use only

MEDICAL PLAN REQUIRED NO ☐ YES ☐ MEDICAL PLAN RECEIVED ☐



TEEN FIT PROGRAM
IMPORTANT INFORMATION-
TERMS AND CONDITIONS

FEES	Fees must be paid in full at enrolment time. Enrolment forms will not be accepted without provision for payment either in person or by credit card details.	INITIAL _____
LESSON CANCELLATIONS	Unfortunately some lessons are cancelled due to circumstances beyond the control of the centre. In such cases, you will be issued with a credit to the value of the cancelled session/s.	INITIAL _____
	Make up Sessions: We do not offer make-up sessions. This is to minimise disruptions to classes. Absence from Lessons: If your child is ill and consequently misses a session(s), we regrettably do not offer credit of any kind unless they are absent for consecutive weeks and you provide a doctor's certificate. The Credit Register: This is ONLY for children who have to withdraw from sessions due to medical reasons. It is not used for children who no longer wish to participate in the Teen Fit program. Refunds: Requests for refunds must be made in writing and will only apply where you or your children withdraw from the program for the remainder of the term. Refunds are only provided for medical reasons (medical certificates must be provided) or relocation (proof of relocation required). All refunds will incur a \$25.00 cancellation fee.	INITIAL _____
USE OF PHOTOGRAPHY	Do you give permission for your child to be photographed by the centre staff whilst participating in the Teen Fit program? Photo's may be used for promotional or licensing purposes.	YES NO
RISK WAIVER & DECLARATION	I agree to my child's participation in the NCC Teen Fit program. In the case of an emergency, I authorise staff, where it is impractical to communicate with me, to arrange for my child to receive such medical or first aid treatment as may be deemed necessary. I also undertake to pay or reimburse costs, which may be incurred for medical attention or ambulance transport whilst my child is enrolled in the Teen Fit Program. I understand that although the NCC and its service providers attempt to minimize any risk of injury with practical boundaries, accidents do happen and all physical activities carry the risk of personal injury.	INITIAL _____
	I have read and agree to the Naturliste Community Centre's Teen Fit Term's and Condition's, and the Risk Waiver	INITIAL _____
	I wish to receive promotional material regarding news, events, special promotions and information pertaining to the Naturliste Community Centre. (Tick if Yes)	YES

NATURLISTE COMMUNITY CENTRE DISCLAIMER

The City of Busselton will not be responsible for any injury suffered by either participant or non-participant members of the group while using the facilities: whether the injury be self-inflicted, caused by another member of the group, or caused by another person not associated with the group. The City of Busselton will not be liable in any way for any loss of, or damage to the property of members of the group, whether members or non-members of the group cause the loss or damage.
The above does not apply to the extent that the injury, loss or damage is caused or contributed by the wilful negligent or other unlawful act.

Signature: Date: