

Please ensure that all details are completed and returned to the Play Zone Supervisor before your child is admitted. One completed form for each child within a family is required. This form will be kept on file for reference purposes and will need to be updated should any details change. Any information provided in this form will be dealt with by the Club only N.B Writing "AS ABOVE" in ANY section on this form is insufficient information.

Child's Full Name:			
Address		Postcode	
D.O.B:		Sex: M <input type="radio"/> F <input type="radio"/>	First Language:
Is the child of Aboriginal or Torres Strait Islander origin?		No <input type="radio"/> Yes <input type="radio"/> If yes, which one?	
Parent/Guardian 1 Name:		Parent/Guardian 2 Name:	
Parent/Guardian 1 Contact Details Mobile Home Work Email		Parent/Guardian 2 Contact Details Mobile Home Work Email	
Parent/Guardian 1 Address:		Parent/Guardian 2 Address:	
Details of others who have permission to collect or drop off child:			
Name Contact Phone Address		Name Contact Phone Address	
Emergency Contact Name: Relationship to Child		Emergency Contact Phone Numbers Home Work Mobile	
Family GP/Doctor Surgery Phone No		Surgery Address	
Medical Questions			
Is your child's immunisations current? Yes <input type="radio"/> Certificate must be attached No <input type="radio"/> (It is preferred that all children have current immunisations)			
Any allergies or sensitivities (please provide details)			
Anaphalaxis: has your child been diagnosed at risk of Anaphalaxis		Yes <input type="radio"/> No <input type="radio"/>	
If yes, Does your child have an auto injection device (EpiPen)?		Yes <input type="radio"/> No <input type="radio"/>	
Has your child's Anaphalaxis medical management plan been provided to Playzone?		Yes <input type="radio"/> No <input type="radio"/>	
Has a risk management plan been completed in consultation with you?		Yes <input type="radio"/> No <input type="radio"/>	
Please Note: You will be required to supply the service with a copy of the medical plan signed by the practitioner treating your child. This must be attached to your enrolment form.		Yes <input type="radio"/> No <input type="radio"/>	
Does your child have any special needs? Yes <input type="radio"/> No <input type="radio"/> If yes, please provide details			
Are there any other pre-existing medical, physical impairments, developmental delays or psychological conditions that we need to be aware of for the safety and comfort of your child? Yes <input type="radio"/> No <input type="radio"/> If yes, please provide details:			
Details of any court orders or custody arrangements for the child (please bring the original court order for the staff to see and attach a copy of this to the enrolment form):			
Details of any Dietary restrictions (please note: we do not allow food on the premises):			

Other Information: If there is anything else that the service should know about the child? E.g. excessive fears, favourite activities, attending other services etc

RMS AND CONDITIONS – PLEASE READ CAREFULLY

1. It is the responsibility of the parent/guardian to ensure that the child is equipped with all the necessities before registering in Play Zone. (For example clean nappy, bottles, dummies etc).
2. It is the parents/guardians responsibility to collect or make arrangements for the collection of the child referred to in this enrolment form is s/he becomes unwell whilst at the service.
3. It is the parent/guardians responsibility for the care of the child whilst in the Play Zone area. If called to care for the child they must return to Play Zone immediately or risk being disallowed further access.
4. Children must be booked in as outlined in the Information Booklet. The maximum time a child is to be left is 90 minutes.
5. Children will not be admitted if they are deemed sick or contagious. This is at the discretion of the Play Zone Supervisor. The state of health of the child must be declared by the parent/guardian on arrival.
6. Admission of any child into Play Zone is at the discretion of Management.
7. Play Zone is strictly reserved for use by members for the period of time that the parent/guardian is exercising in the club (you may not leave the premises).
8. I authorise the Club staff to seek medical treatment by a Medical Practitioner, Hospital or Ambulance in the event of an emergency and authorise any first aid needed to be administered by the same staff.
9. I give permission for my child to participate in regular emergency evacuation drills.

I _____ as the consenting parent/guardian of the child listed above declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information. I hereby acknowledge the terms and conditions of placing the above child in the Play Zone. I have read and fully understand all the rules and regulations and have collected a copy of the Play Zone Information Booklet which I agree to abide by at all times when using the Play Zone facility. I understand fully that I am totally responsible for the care of my child in the Play Zone area and am aware that I will be contacted immediately should my child need anything i.e. nappy change, food, comforting etc and that I must return immediately to the Play Zone to do so.

I acknowledge that whilst it is Fitness First's preference that all children have current immunisations, there may be children attending Play Zone who do not have current immunisations. I indemnify Fitness First from any actions, claims, liability or loss which arises from my child coming into contact with other children who may or may not have current immunisations.

Parent/Guardian

Witness Signature

Date: ____/____/____

Witness Name: _____

Confidentiality of Enrolment Records

The service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care of the child, to manage medical treatment of the child, where expressly authorized by the parent or prescribed in the Children's Services Regulations 2009