



PO Box 1165
 Penrith NSW 2751
 P 4731 5009
 F 4732 3633

Term 3 2008 Enrolment Form

1) Please indicate your preference:

Drummoyne Community Centre - 10 Cometrowe Street			
Day	Time	Age	✓
Wed	2.15 – 3.15 pm	Combined ages	<input type="checkbox"/>
New sessions will be added as the initial session fills			

NB: If another day or time would better suit, please let us know!

2) How did you first hear about Konfident Kids?

Konfident Kids Website Kidspot.com.au Newspaper Ad Pre-School (brochure) Other _____

3) Child(ren)'s Details

1st Child's name _____ Child's date of birth _____ Male Female
 2nd Child's name _____ Child's date of birth _____ Male Female
 3rd Child's name _____ Child's date of birth _____ Male Female

4) Guardian's Details

Parent / guardian's full name _____ Relationship to child _____
 Address _____ Postcode/ State: _____
 Telephone (Home) _____ (work) _____ (mobile) _____
 Email _____

5) Cost (including GST, before applicable discounts)

Term 1- (11 weeks) Term 2 (10 weeks) Term 3 \$150.00- (10 weeks) Term 4 (10 weeks)

Discounts (approved by administration): Early Bird Discount (\$15.00 off) Family Discount 5% Loyalty Discount 5%

Total Cost: \$ _____

6) Payment Method:

Cheque (make payable to Accent)
 EFT (BSB 082 343 Account Number: 572710796) please provide surname and location as reference
 Visa Bankcard Mastercard Card no: _____ Expiry Date: _____
 Name as it appears on card: _____ Signature: _____

Please return this form and a completed medical / consent form to
 Konfident Kids C / - Accent Health Sciences PO Box 1165 PENRITH NSW 2751 or fax to 4732 3633

Thank you for choosing our program



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2008 Medical Declaration and Consent Form

Please complete one form for **each** child enrolled in the program.

Child's name _____ Child's date of birth: _____
 Address _____

Name of enrolling guardian: _____

Please indicate any medical condition and or history that may effect your child's participation in the Konfident Kids Program. All information is collected, secured and stored in accordance with the Health Records and Information Privacy Act, 2002. For further information, please contact Maxene on 4731 5009.

Medical Condition / Special Needs	Comments

Would you like to discuss this further with your child's coach? Yes No
 Is your child's immunization completely current and up to date? Yes No

Disclaimer

- In agreeing to attend Konfident Kids I:
 - release and forever discharge Accent from all claims that I may have or may have had arising from or in connection with my child and Konfident Kids sessions; and
 - indemnify, will keep indemnified and hold harmless Accent, to the extent permitted by law in respect of any claim as a result of or in connection with Konfident Kids programs
- I warrant that my child has not at any time suffered blackout, seizure, convulsion, fainting, dizzy spells or any other medical condition and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for my child to take part in Konfident Kids Programs.
- I have read and I consent for my child to participate in Konfident Kids Programs and understand the risk involved and further agree to be bound by the codes of conduct, rules of Konfident Kids.
- I acknowledge Konfident Kids uses its best endeavors to ensure that the equipment and sporting facilities are safe for the goers and acknowledge that all sports are inherently dangerous. I have voluntarily read and accept the inherent associated risks.
- "Accent" or "Konfident Kids" means all directors personally and in their capacity as a director, partners of directors, agents, and any representatives of both.
- "Konfident Kids Programs" include all programs and activities that you or your child participates in during our courses and classes. This includes but is not limited to any organised sport, training, facilities and activities provided by Konfident Kids

Parent/Guardian's Signature _____ .Date: _____