



Cammeray Golf Club/Golf Shop
 Park Avenue, Cremorne NSW 2090
 Tel: 02 9953 2089
 Email: academy@golfrocks.com.au
 Website: GolfRocks.com.au

This form is only required for children enrolling in "Class & Care" options.

Enrolment Form

Mother's Details

Title	Mr	Mrs	Ms	Other
Surname				
First Name				
D.O.B				
Street Address				
Suburb				
Phone				Mobile
Email				

Father's Details

Title	Mr	Mrs	Ms	Other
Surname				
First Name				
D.O.B				
Street Address				
Suburb				
Phone				Mobile
Email				

Child's Details

Surname	
Given Names	
D.O.B	
Gender	Male Female
School	
Address	Same as Mother Same as Father
Child resides with	Mother Father Both
Country of Birth	
What school year is your child enrolled in for 2017?	Yr 1 Yr 2 Yr 3 Yr 4 Yr 5 Yr 6

Custody Details

Is there any court orders / custody arrangements regarding your child?	Yes	No
If yes, please provide any applicable paperwork		

*The Academy is unable to enforce any custody arrangements or instructions without a copy of the relevant court orders being provided.

Persons nominated to collect your child from the Academy

Please list the details of any persons you authorise to collect your child from the Academy

Nominated Contact 1	
Surname	
First Name	
Address	
Relationship to child	
ID Number	Form of ID
Phone	Mobile

Nominated Contact 2		
Surname		
First Name		
Address		
Relationship to child		
ID Number	Form of ID	
Phone		Mobile

*Regulations require the Academy to have all requested contact information. Without an emergency nominated authorised person your enrolment will be unsuccessful.

*Any authorised contact who is collecting a child from the Academy must show photo identification upon staff request.

Emergency Person Authorisation

In case of an emergency, Academy staff will make every attempt to contact parents/guardians. However, if this is unsuccessful you are asked to provide details below of any two persons who can act on your behalf. Persons below will be able to:

1. Give consent to the Academy to administer medications
2. Give consent to the Academy to seek medical treatment for your child
3. Collect the child from the Academy

Emergency Authorised Person		
As above	Nominee Contact #1	Nominee Contact #2
Surname		
First name		
Address		
Relationship to child		
ID Number	Form of ID	
Phone		Mobile

*In the case of an emergency, we always attempt to contact parents/guardians first, followed by the emergency authorised person.

*A Drivers License is an example of acceptable ID number. ID must include a photograph.

Medical Information

Does your child suffer with Anaphylaxis	Yes	No	
Has your child ever experienced an anaphylactic reaction?	Yes	No	
If yes, what is your child allergic too? Please be specific..			
Please describe symptoms your child displays if he/she comes in contact with the above. Be as detailed as possible.			
Severity of reaction?	Mild	Moderate	Severe
Anaphylaxis Action Plan	Yes		

*It is the parents/guardians responsibility to ensure all required medications are provided to the Academy upon enrolment and remain up to date at all times. This also applies to Epipen's and Asthma medication.

Does your child suffer with Asthma?	Yes	No
Please specify what causes your child's asthma and what may trigger an asthma attack..		
Asthma Action Plan	Yes	

Does your child suffer from any other allergies?	Yes	No
What is the product / item your child is allergic too? Please provide any relevant information regarding this allergy. E.G symptoms, how to manage / treat allergy...		

*These may include allergies to food, medicines, grasses and pollens etc

Does your child have any medical, speech or language delays that may require additional attention whilst at the Academy?	Yes	No
Please provide any relevant information and documentation...		

Does your child experience any physical or gross motor delays that may require additional attention whilst at the Academy?	Yes	No
Please provide any relevant information and documentation...		

Behavioural Information

Does your child experience any behavioural concerns or have a diagnosed behavioural condition that may require additional attention whilst at the Academy?	Yes	No
Please provide any relevant information and documentation...		

Is your child taking any regular medication?	Yes	No
Please provide any relevant information and documentation...		

*It is important to advise the Academy of any medical or behavioural conditions so the Academy is able to provide the best possible care for your child.

*These may include developmental delays, intellectual disabilities such as autism, asperges's, ADHD, ODD etc.

Medicare

Medicare Card Number:			
Child's Number on Card:		Expiry Date:	
Is your child's immunisation up to date?		Yes	No

Family Medical Details

Please nominate your child's Doctor and Dentist who can be contacted in an emergency.

Alternatively, you can tick if you consent to the Academy contacting the following local Medical and Dental Surgery in case of an emergency for your child.

Cammeray Medical Practice
Stockland Cammeray Shopping Centre
450 Miller Street, Cammeray
02 9955 5255

Miller Street Dental
Stockland Cammeray Shopping Centre
Suite 19C, Level 1, 450 Miller Street, Cammeray
02 9922 5000

Child's Doctor / Medical Centre	
Address and Suburb	
Dr / Centre Phone Number:	
Child's Dentist / Dental Surgery	
Dr / Surgery Phone Number:	

Dietary Requirements

Are there any cultural, religious or other special requirements that you would like taken into consideration whilst at the Academy?	Yes	No
Please provide any relevant information...		

Refreshments Whilst At The Academy

The Academy serves the children for morning class:

- Fruit
- Toast
- Water

The Academy serves the children for afternoon class:

- Fruit
- Sandwiches
- Water

If your child cannot eat the above listed products you will be required to supply alternatives for your child whilst at the Academy.

Fees

Payment for all classes within the Academy is made upon enrolment. The Academy enforces a

- **No refund policy**
- **No make-up class policy**

Payment upon enrolment is required to secure a position.

After school classes run from 3pm - 6pm sharp. The Academy charges a \$25 late fee for every 15 minutes a parent/guardian is late to collect their child of an afternoon class Monday - Friday.

6:01 - 6:16pm = \$25

6:17 - 6:32pm = \$50

By signing below you understand and agree to our late fee and refund policies. The credit card used to make the booking will be charged accordingly.

Signature

Academy Bus

Our Academy Bus is a 12 seater mini-van. All Academy staff have the required public vehicle license, permits and authorisations, including the vehicle itself.

Each school has an allocated collection point for Academy staff to roll-call the children before proceeding to the Academy Bus. Each trip is staffed with two persons, one for collection, one to remain in the bus. The Academy Bus is always positioned to ensure direct access from the schools gates.

Academy Bus services the following schools:

- Cammeray Public - Meeting Point sign located on Bellevue St side of building T1
- Anzac Public - Meeting Point sign located top of stairs adjacent to office entry
- Neutral Bay - Meeting Point Tree located in main quadrangle

We request to be notified if your child is not present at school and will not be at the collection point to meet with Academy staff.

Ph: 99532089

Email: academy@golfrocks.com.au

Weather

Our Academy includes an indoor kids academy studio with putting and chipping facilities. Classes will run rain, hail or shine. If in case of a lightning storm, children are removed from outside practice facilities immediately and class continues within our kids academy studio. If /when the weather is deemed safe by Academy staff, the class can be relocated back outdoors.

Consent and Acknowledgements

Communication with the school - Consent

As a condition of enrolling into our Academy classes, you are required to consent the Academy to have open communication with your child's school should it be required to ensure your child's health, safety and wellbeing. By signing below you are acknowledging you understand this.

Signature

Contact Information - Acknowledgement

A condition of enrolment into the Academy's classes is that i will ensure that my current contact information including emergency contact numbers is always up to date; any changes to these will be notified to the Academy in writing should they change.

By signing below i acknowledge i have read and understand the above.

Signature

Special Needs / Behavioural - Acknowledgement and Consent

A condition of enrolment into Academy classes is that i acknowledge and understand that i will advise the Academy of any specialist visits my child has attended and supply appropriate documentation for any visits/changes that has occurred within the last 12 months.

By signing below i acknowledge i have read and understand the above in regards to Special Needs / Behaviour Conditions.

Signature

Sunscreen and Hand Sanitiser - Consent

I give permission for sunscreen and hand sanitiser to be administered to my child whilst they are in care of the Academy. Sunscreen applied at the Academy is:

- Coles Everyday Sunscreen Lotion SPF 30+

Hand sanitiser applied is:

- Balnea Protect Hand Sanitiser / Dettol Hand Sanitiser

By signing below i am giving consent for Sunscreen as described above to be administered to my child whilst in care of the Academy.

Signature

By signing below i am giving consent for Hand Sanitiser as described above to be administered to my child whilst in care of the Academy.

Signature

If your child is allergic to any of the above items, parents/guardians are to provide an alternate sunscreen & your child will be asked to wash their hands using soap in the bathrooms, instead of using sanitiser.

Photo Permission - Consent

Images may be taken and may be used for promotional purposes for our website and/or social media platforms and/or marketing material/flyers.

By signing below I give permission for my child's image to be used for promotional purposes.

Signature

Medical Treatment of a Child - Consent

In the event of an emergency, illness or accident, i give consent for Academy staff to seek immediate medical, emergency or dental attention for my child. I understand this consent may also include the transportation of my child by the NSW Ambulance Service and accept liability for any medical or ambulance expenses incurred. I understand the Academy will contact me and/or other authorised contacts after emergency services have been contacted.

By signing below i am giving consent for the above medical treatment and procedure to be carried out by Academy staff. I understand this is a condition of enrolment with the Academy.

Signature

Medical Administration - Consent

A condition of enrolment with the Academy is that you give permission for staff to administer an age/ weight appropriate dosage of Paracetamol to my child if they develop a fever. I understand Academy staff will attempt to contact me PRIOR but if this is not possible, staff will act in the best interest of my child. Paracetamol provided by the Academy is:

- Children's Panadol Elixir 5-12 years (Colourfree)

Should your child be allergic to paracetamol then you will need to provide an alternative medication for the control of temperatures/fevers.

By signing below i am giving consent for paracetamol to be administered in the event my child develops a temperature or is unwell.

Signature

If your child is allergic to Paracetamol, an alternate Paracetamol is to be provided in case of an emergency.

First Aid Administration - Consent

A condition of enrolment with the Academy is that give permission for staff to apply basic First Aid as the First Aid Officer on site deems necessary. Below is a list of products used by the Academy, please tick YES acknowledging these products are fine to be administered by your child:

Lucas Pawpaw Cream	Yes	No
Stingoes Gel	Yes	No
Detol / Bepanthen Antiseptic Cream	Yes	No
Detol Antiseptic Liquid Solution	Yes	No
Reclens Saline Solution (to rinse eyes)	Yes	No
Burn Aid - Burn Dressing	Yes	No
Standard Band Aids	Yes	No
Variety of Bandages	Yes	No

By signing below i am giving consent for Basic First Aid to be applied to my child as deemed necessary by the First Aid Officer on site and that the products above are fine to be applied

Signature

Conditions of Enrolment and Indemnity

I have read and understand the policies regarding Conditions of Enrolment and agree to abide by these. I, _____, the undersigned, give my permission for my DAUGHTER/SON to attend Golf Rocks Kids Academy, as specified in my enrolment, and will not hold Golf Rocks Kids Academy, its coaches, staff or volunteers associated with the activities, responsible for any personal injury, damage and/or loss of property and/or accident occurring during the course of the activities. I also give permission for any medical/ambulance assistance in the case of emergency as deemed necessary by the Academy staff and agree to any such cost as may be incurred.

In consideration of the Academy and provision for this activity for my daughter/son _____, I hereby release Golf Rocks Kids Academy from all claims arising from any activity on the days my child/ren are enrolled.

Signature

This enrolment form is to be completed and returned to the Academy before a child's first class. Completed enrolment forms can be scanned/emailed to academy@golfrocks.com.au Or submitted in person to Academy staff at Cammeray Golf Club/Golf Shop, Park Ave, Cremorne NSW 2090