



MD/Head Coach: Leon Faulkner
 Tel: 0412 646 030
 Email: academy@golfrocks.com.au
 Website: GolfRocks.com.au

This form is only required for children enrolling in
 "School Pick-Up" 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. *OPTIONAL

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

*Any authorised contact who is collecting a child from the Academy must show photo identification upon staff request. A Drivers License is an example of acceptable ID number. ID must include a photograph.

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	
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.

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 who can be contacted in an emergency.

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

Mona Vale Medical Centre
18-20 Park Street
Mona Vale
02 8914 8080

I give consent for the Academy to contact Mona Vale Medical Centre, in the instance of an accident/ injury.	Yes	No
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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 afternoon class:

- Fruit
- Milk biscuits (Arnott's)
- Water

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

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:

- Mona Vale Public School (Meeting point - under 3-6 COLA)
- Sacred Heart Catholic Primary School, Mona Vale

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

Head Coach: Leon 0412 646 030
Email: academy@golfrocks.com.au

Weather

Classes will run rain, hail or shine. In case of a lightning storm, children are removed from outside practice facilities immediately and class continues within the clubhouse. If /when the weather is deemed safe by Academy staff, the class is 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 - Consent

I give permission for sunscreen 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+

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

If your child is allergic to the above item, parents/guardians are to provide an alternate sunscreen.

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

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