

BOOKING REQUEST

| | | | |
|-------------------------|---|---|--------------------------------|
| SESSION TYPE/S | Full Day Program <input type="checkbox"/> | Extended Hours <input type="checkbox"/> | Lunch <input type="checkbox"/> |
| DAYS & DATES | | | |
| COMMENTS | | | |
| SUB TOTAL | | TOTAL COST | |

| Child/ren's Full Name | DOB | PCYC Membership Number |
|-----------------------|-----|------------------------|
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| | | |
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| | | |

Parent/Guardian & Emergency Contact Information

| | |
|---------------------|--|
| Name & Relationship | |
| Address | |
| Phone | |
| Email | |

Second Emergency Contact

| | |
|---------------------|--|
| Name & Relationship | |
| Phone | |

Other Adults Authorised to Collect

| | |
|---------------------|--|
| Name & Relationship | |
| Address | |
| Name & Relationship | |
| Address | |

HEALTH, MEDICAL CONDITIONS & COMPLEX BEHAVIOUR

• If your child/ren has been diagnosed with any Health or Medical Conditions, is known to display symptoms of Complex Behavior or demands any Special or Dietary Needs, please fill out the **PCYC Health & Medical Form**.

Applicable: Yes ☐ No ☐

PAYMENT DETAILS

| Payment Details (If not paying directly at PCYC) | | | |
|--|---|------------|--|
| Name on Card | | | |
| Card Number | | Signature | |
| Expiry Date | | CVC Number | |
| Voucher Details (If applicable) | | | |
| Please Tick | <input type="checkbox"/> Active Kids <input type="checkbox"/> Creative Kids | | |
| Voucher Number | | | |

Bookings will not be accepted without payment in full.

Media Permission

- ☐ I give permission for my child's photographic and/or video image, voice and/or words to be used for promotional purposes in official publications of the Police & Citizens Youth Clubs NSW.
- ☐ I do not give permission.

Indemnity Statement

I the parent/guardian, have read and agree to terms and conditions outlined and:

- ☐ I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise PCYC, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program. I understand that although PCYC and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen, and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program, and I accept that risk.
- ☐ I, the undersigned, accept full responsibility for my child/ren's personal belongings and for my child/ren's behaviour during the program and in the event of misbehaviour I will be contacted and asked to collect my child/ren.

| | | |
|----------------------------|-----------------|------------|
| Parent/Guardian Name | Signature | Date |
| PCYC Staff Member | Signature | Date |

TERMS & CONDITIONS

BOOKING AND ENROLMENT PROCESS

- All participants must be a current PCYC member to take part in the holiday program.
- Full payment is required upon booking.
- Creative and Active Kids Vouchers can be used in some programs.

CANCELLATIONS

- Once booked in for holiday program, all bookings are non – refundable, including change of mind or days. A child can be provided with 'family credit' to the value of booking if a valid medical certificate can be provided for the day scheduled to attend prior to the start of the day.
- A family credit booking can be used within 12 months from the date of issue, however, cannot be used to book into any program that is at full capacity. All bookings are subject to availability.

SIGNING IN AND OUT

- All participants must be signed in and out of the program each day. You will be asked to check medical details, contact numbers and ensure that the child/ren has adequate food for the day.
- Please provide details of person picking up child/ren at the end of the day on the sign in process. If circumstances are to change then please contact the centre to provide details of who will be picking up if listed differently on the form.
- Children aged 15 and over (only) can be permitted to make their own way home on conditions that:
 - A written and signed letter is provided outlining the details by the Guardian, and;
 - The individual situation is discussed with the centre manager, who has the ability to approve or not approve each individual case. The participant will still be required to sign themselves out of the program at the end of the day.

PROGRAM CODE OF CONDUCT

- So that PCYC can ensure that our programs are fun and safe experience for everybody, we have rules in place for participants to follow, explained before the daily activities commence. If your child/ren misbehaves, we will discuss the best course of action with your child/ren's activity officer. Some courses of action may result in expulsion from the program with no refund.
- You can access **PCYC NSW Behavioural Standards** on www.pcychnsw.org.au or discuss with your local club.

PROHIBITED

- Drugs, cigarettes and alcohol are not allowed at PCYC any child found using or in possession of these items may be removed from the Centre. Children found in possession of illegal drugs will be reported.

RISK

- Except for any liability which cannot be excluded by law, PCYC is not liable for any loss or damage suffered by any person as a result of that person's participation in the holiday program.

HEALTH AND SAFETY

MEDICAL & CONSENT FORM

- Prior to the school holiday program, you will be required to complete our medical and consent on behalf of your child/ren (if applicable).
- The information you provide on the medical and consent form will help us look after your child/ren's health needs. If your child/ren has an injury or pre-existing condition, allergy, special dietary needs or is on prescription medicines, please provide full details on this form.
- PCYC will share the information you provide with your child/ren's activity coordinator.

MEDICATION AT PROGRAM

- Prescription medication can only be administered to the child/ren for whom it is prescribed, from the original container bearing the child/ren's name and with a current use by date. Non-prescription medication cannot be self-administered.

ANAPHYLAXIS

- If your child/ren suffers from anaphylaxis, they should have an anaphylaxis action plan which has been prepared by their doctor. You can download sample plan templates from the Australasian Society of Clinical Immunology and Allergy website. If your child/ren has a plan, please provide it to the club at least three weeks prior to attending the program.
- Children at risk of anaphylaxis need to bring at least one adrenaline auto injector. On catered programs, children with food allergies are required to wear an identifying wristband. This is an added precaution to assist staff when managing situations where food allergens may be present.

DIABETES – INSULIN DEPENDENT

- Please be aware that PCYC cannot administer insulin at any time.

ACCIDENTS AND EMERGENCIES

- Centre staff hold senior first aid accreditations and can administer first aid, if required. If your child/ren requires medical assistance, they will be taken to the nearest medical centre or hospital, and we will notify you. In case of emergencies, parents can contact the club manager in attendance.

COMMUNICATION, GRIEVANCE & COMPLAINTS

- If you need to contact your child/ren whilst he or she is at the program, please contact your child/ren's club to arrange communication with the onsite activity coordinator and club manager.
- If you have any concerns about the program or care received, you can discuss these with the Club Manager. If you feel like this response does not meet your needs, the Club Manager can refer you to PCYC Club Operations.

