

MEMBERSHIP FORM

ONLY REGISTERED MEMBERS CAN PARTICIPATE IN ACTIVITIES



Child Information:

First Name: _____ Last Name: _____

Address: _____ Postcode: _____

School: _____ Year: _____ Date of Birth: _____

Cultural Background: _____

Parent / Carer Information:

Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

Other contact person: _____ number: _____

Does your son/ daughter have any medical conditions (including allergies):
(e.g. asthma, epilepsy, diabetes, migraines etc)

Details: _____

Does your son/ daughter take any medication for this condition: Yes No

Details: _____

Can your son/ daughter swim: Yes No

I give Permission for :

* My son/ daughter _____ (print name) to be a member of the Kool Kids Club.

* For staff to seek medical attention for my child should the need arise.

* For photographs of my son/ daughter to be used in publicity of Kool Kids Club and South Sydney Youth Services

Parents/ Carer Name: _____

Signature: _____ Date: _____

Whilst all care is taken to ensure the safety of your child, Kool Kids Club and South Sydney Youth Services cannot take responsibility for the actions of your child. South Sydney Youth Services provides after school and holiday programs for young people aged 7-13years. The service recognises the need for safe, supervised and challenging activities for young people. Professionals in the respective fields run all activities and programs. Kool Kids Club is located at 11 Rainbow St, Kingsford. If you have any queries, please do not hesitate to call the coordinator on: 9399 9861 or 0420 531 699