



**Hampton Community Centre Inc**  
 14 Willis Street Hampton, 3188  
 Phone: 9598 2977  
 Email: admin@hampcomm.org  
 ABN: 82662117575

## ENROLMENT FORM 2018/2019

*Please complete this form and return it to reception with payment. All information collected will remain confidential.*

Please ensure we have your email address to notify you of Special Events, changes and cancellations.

### Enrolment Fee of \$5 per year

Course / Activity:.....

Day and Time: .....Term and Year:.....

Receipt number and value: .....Received By:.....

First name (or if enrolling a child- Parent's name)

First Name:.....Surname:.....

Address:.....Suburb:.....Postcode:.....

Phone number: Home..... Mobile.....

Email address:.....

Male / Female      Language spoken at home: .....

Do you consider yourself to experience a disability, impairment or long term condition that might affect your ability to participate?  No     Yes (if yes, please inform staff of support required)

Age (please circle)

18 - 29	20 - 29	30 - 44	45 - 54	55 - 64	65 - 79	80 - 85	Over 85
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Do you have any medical conditions we need to know about in case an ambulance needs to be called? (E.g. Allergic to Morphine)    No  Yes  Details (Please continue overleaf if required)

### EMERGENCY CONTACT DETAILS

Emergency contact: .....

Phone number:..... Relationship to you:.....

**Terms and Conditions of Enrolment:** Enrolments for classes will be confirmed by payment in full. Early enrolment is essential and enrolments close when classes are filled. There will not be makeup classes for any classes missed. Please tick here to acknowledge there are no makeup classes

**Refunds:** Please choose your classes carefully; we cannot be responsible for your change of circumstances and we do not refund. We regret that classes with low enrolments may be cancelled or deferred. You will be advised of this by telephone prior to commencement of the class and issued a refund. I acknowledge the Refunds terms & conditions

**Photographic Images**

Please note that photographic images of participants in activities at the centre may be taken by authorised representatives of Hampton Community Centre and may be used in any of its advertising, promotional or other material including social media. If you do not wish to allow such usage please tick

Are you interested in being a volunteer at Hampton Community Centre? Yes  No

How did you hear about this activity?

Local paper  Brochure  Word of Mouth/Friend  Social Media  Website

Other: .....

As a member of Hampton Community Centre (HCC), I agree to be bound by the policies and procedures of the HCC currently in place and the decisions of the Board of Governance.

**CHILDREN'S PROGRAMS**

**Please complete details if your child is participating in an activity at the Centre**

First name of child:..... Surname:.....

Date of birth:..... Name of school:.....

**Children's Programs continued:-**

Does your child have a medical condition that might affect their ability to participate? Yes  No

Please attach your child's medical plan (eg asthma, epilepsy or allergies) to assist us when first aid / help from other people at the Neighbourhood House may be needed. Anything written here will be kept confidential unless needed in an emergency.

Nature of Condition/Symptoms: .....

Treatment and/or Medication: .....

I hereby consent to the child, whose name appears above, receiving medical treatment which may be deemed necessary by HCC in case of injury, accident or illness during the course of participating in the activity and also indemnify HCC Inc in respect to such medical treatment.

Parent Name:.....Parent Signature:.....

Signature of Applicant:.....Date:.....