GEOGRAPHE LEISURE CENTRE

NEW & RE-ENROLMENTS TERM 2 2024

STAFF INITIAL

TEEN FIT FOR ALL

Tuesday 16th of April to Tuesday 18th June 2024

STUDENTS FIRST NAME	SURNAME	DATE OF BIRTH
1.		
2.		
3.		
4.		

CONTACT DETAILS: (PLEASE PROVIDE EMAIL ADDRESS TO ENABLE BOOKING CONFIRMATION TO BE SENT)

Parent/Guardian's Name:_			
Email:			
Mobile:	Home:	Work:	
Emergency Contact Perso	n:	Phone:	
Relationship to Student/s:			
•	•	lvise the Centre if there are any YES (paperwork to be p	U
MEDICAL HISTORY	lease specify any ex	isting medical conditions or di	sabilities
	hanges to their health at anı	Term 1 2024 program? YES NO	ely participate in exercise?
STUDENTS NAME:	MEDICA	AL CONDTIONS:	
STUDENTS NAME:	MEDICA	AL CONDTIONS:	
For Office Use only MEDICAL PLAN REQUIRED	NOYES	MEDICAL PLAN RECEIVED	
DDRESS: 1 RECREATION LANE BUSSI	ELTON 6280 F	PHONE: (08) 9754 3600	
mail: glc@busselton.wa.gov.au	website:	www.busseltonleisurecentres.co	m.au City of Busselton Geographe Leisure Centre

TEEN FIT PROGRAM IMPORTANT INFORMATION-TERMS AND CONDITIONS

FEES	Fees must be paid in full at enrolment time. Enrolment forms will not be accepted without provision for payment either in person or by credit card details.	INITIAL
LESSON CANCELLATIONS	Unfortunately some lessons are cancelled due to circumstances beyond the control of the centre. In such cases, you will be issued with a credit to the value of the cancelled session/s. This credit must be redeemed for Teen Fit enrolments within the same calendar year of issue	INITIAL
	Make up Sessions: We do not offer make-up sessions. This is to minimise disruptions to classes.	
	Absence from Lessons: If your child is ill and consequently misses a session(s), we regrettably do not offer credit of any kind unless they are absent for consecutive weeks and you provide a doctor's certificate.	
	The Credit Register: This is ONLY for children who have to withdraw from sessions due to medical reasons. It is not used for children who no longer wish to participate in the Teen Fit program.	INITIAL
	Refunds: Requests for refunds must be made in writing and will only apply where you or your children withdraw from the program for the remainder of the term. Refunds are only provided for medical reasons (medical certificates must be provided) or relocation (proof of relocation required).	
	All refunds will incur a \$25.00 cancellation fee.	

USE OF	PHOTOGRAPHY participating in the Teen Fit program? Photo's may be used for promotional or licensing		YES		
PHOTOGRAPHY			NO		
	purposes.		NO		
RISK WAIVER & DECLARATION	I agree to my child's participation in the GLC Teen Fit program. In the case of an emergency, I authorise staff, where it is impractical to communicate with me, to arrange for my child to receive such medical or first aid treatment as may be deemed necessary. I also undertake to pay or reimburse costs, which may be incurred for medical attention or ambulance transport whilst my child is enrolled in the Teen Fit Program. I understand that although the GLC and its service providers attempt to minimize any risk of injury with practical boundaries, accidents do happen and all physical activities carry the risk of personal injury.		INITIAL		
	I have read and agree to the Geograph and the Risk Waiver	e Leisure Centre's Teen Fit Term's and Condition's,	INITIAL		
	_	aterial regarding news, events, special ng to the Geographe Leisure Centre. (Tick if Yes)	OPT OUT		
GEOGRAPHE LEISURE CENTRE DISCLAIMER					
The City of Busselton will not be responsible for any injury suffered by either participant or non-participant members of the group while using the facilities: whether the injury be self-inflicted, caused by another member of the group, or caused by another person not associated with the group. The City of Busselton will not be liable in any way for any loss of, or damage to the property of members of the group, whether members or non-members of the group cause the loss or damage. The above does not apply to the extent that the injury, loss or damage is caused or contributed by the wilful negligent or other unlawful act.					
Signature:	Signature: Date:				
024 TERM 2: 10 WEEK TERM- \$115.00 RE-ENROLMENT \$103.50					
E APPLICABLE \$ LESS CREDIT AMOUNT \$		AMOUNT TOTAL \$			
CARD HOLDERS NAME					
CARD NUMBER		EXPIRY			
		SIGNATURE			