Names of Children: Surname: ...........................................  
First Names: .................. .......................... ..........................

Please indicate the days child/ren will be attending.

<table>
<thead>
<tr>
<th>Booking Form</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOME DAY</td>
<td>EXCURSION DAY</td>
<td>HOME DAY</td>
<td>EXCURSION DAY</td>
<td>HOME DAY</td>
</tr>
<tr>
<td></td>
<td>19/12/16</td>
<td>20/12/16</td>
<td>21/12/16</td>
<td>22/12/16</td>
<td>23/12/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of children</th>
<th>Castle World Beverly</th>
<th>ICA Sportzworx Stepney</th>
<th>Plaster Fun House Salisbury East</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>........................</td>
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<table>
<thead>
<tr>
<th>No. of children</th>
<th>King Pin Bowling Norwood</th>
<th>Laygo St Marys</th>
<th>Ice Arena Thebarton</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>........................</td>
<td>........................</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of children</th>
<th>Aquadome Elizabeth Year 3 in 2017 &amp; above</th>
<th>Vertical Reality Holden Hill Year 3 in 2017 &amp; above</th>
<th>Croc's Play Centre Kilburn Year 2 in 2017 &amp; under</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>........................</td>
<td>........................</td>
<td>.............................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of children</th>
<th>Event Cinemas Arndale</th>
<th>PUBLIC HOLIDAY SERVICE CLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>........................</td>
<td>.............................</td>
</tr>
</tbody>
</table>

Monday 30th January 2017 ~ School Commences Term 1

If you have not updated your enrolment form recently please check your details PRIOR to the commencement of Vacation Care. Please note that you will be charged for all booked care regardless of whether a deposit has been paid or not unless it is cancelled by 6:15PM Friday of the week prior regardless of the reason why care was not used.

ALL VACATION CARE CONSENTS MUST BE SIGNED before your child/ren can attend any days during vacation care. All consents are attached to the back of this booking form. Please see the Director/Assistant Director if more information is required.

---

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO SECURE YOUR BOOKING BY FRI 2nd DECEMBER

---

BOOKINGS MADE WITHOUT A DEPOSIT WILL NOT BE ACCEPTED!

Please return to Kids' Zone with 25% deposit ASAP. Please pay each week within 7 days. The balance of this account is payable within 7 days of the end of the Vacation Care programme. Please use our Ready Reckoner to calculate the deposit required to reserve a place for your child/ren. Please pay a deposit and return all forms before the booking deadline. Credit card payments can be made over the phone or payments can be made via the internet. Forms can be faxed or scanned and emailed. Bookings will not be accepted if there are any outstanding amounts owing on previous OSHC or Vacation Care accounts. Payment in advance terms, for those who have been notified, strictly apply.
MANAGEMENT OF WAITING LISTS

Sometimes, there may be a waiting list for child care services and to ensure the system is fair, the Australian Government has ‘Priority of Access Guidelines’ for allocating places in these circumstances. If the day you have booked is full, you will be notified that you have been placed on a waiting list and access to a place will be prioritised according to these guidelines. The Government sets out the following three levels of priority, which child care services must follow when filling vacant places. Please tick the box that relates to your current family situation in order for us to manage our waiting lists effectively. If you choose not to complete this section, you will be placed at the bottom of our waiting lists.

FIRST PRIORITY
A child at risk of serious abuse or neglect
☐ children in Aboriginal and Torres Strait Islander families
☐ children in families which include a disabled person
☐ children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of $43,727 for 2015-2016, or who or whose partner are on income support
☐ children in families with a non-English speaking background
☐ children in socially isolated families
☐ children of single parents

SECOND PRIORITY
A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the ‘A New Tax System (Family Assistance) Act 1999’
☐ children in Aboriginal and Torres Strait Islander families
☐ children in families which include a disabled person
☐ children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of $43,727 for 2015-2016, or who or whose partner are on income support
☐ children in families with a non-English speaking background
☐ children in socially isolated families
☐ children of single parents

THIRD PRIORITY
Any other child
☐ children in Aboriginal and Torres Strait Islander families
☐ children in families which include a disabled person
☐ children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of $43,727 for 2015-2016, or who or whose partner are on income support
☐ children in families with a non-English speaking background
☐ children in socially isolated families
☐ children of single parents

Please sign to verify that the above information provided is true and correct

Caregiver Name:_____________________  Signature_______________________
Home Day & Out Day Permissions:
We expect to have a maximum of 100 children and 1:8 ratio on excursions (except Movies will have a maximum of 130 children).
Water excursions will have a 1:5 ratio.
We expect to have 80 - 100 children and a 1:15 ratio on home days.
Increased ratios of 1:10 will be implemented when preschool children are attending.

Vacation Care Permission
I give permission for…………………………………………………………... to participate in Home Day activities as specified on the December 2016/January 2017 Vacation Care Programme. I understand the cancellation policy and I will make payment for all fees I incur during this time.
Caregiver Name:_____________________                        Signature_______________________

Out Day Permission all excursions transported by Kanga Chartered Coaches

Tuesday 20th December 2016 Castle World - Beverly Gp. 1 9:30am-2:30pm, Gp. 2 11:45am – 4:45pm
I give permission for…………………………………………………………... to participate in an excursion to Castle World to participate in bouncy castles & active fun. Travelling on a chartered bus to Castle World and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________

Wednesday 21st December 2016 Klemzig Nursing Home - Klemzig 1:00pm – 2:30pm
I give permission for…………………………………………………………... to participate in an excursion to Klemzig Nursing Home to sing Christmas carols and bring cheer to residents. Travelling on a chartered bus to Klemzig Nursing Home and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________

Thursday 22nd December 2016 ICA Sportzworx - Stepney 10:00am – 4:00pm
I give permission for…………………………………………………………... to participate in an excursion to ICA Sportzworx to participate in sport activities. Travelling on a chartered bus to ICA Sportzworx and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________

Thursday 22nd December 2016 Plaster Fun House - Salisbury East 9:00am –2:00pm
I give permission for…………………………………………………………... to participate in an excursion to Plaster Fun House to participate in a plaster painting and decorating session. Travelling on a chartered bus to Plaster Fun House and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________

Tuesday 10th January 2017 King Pin Bowling and Laser Skirmish - Norwood 9:30am – 2:30pm
I give permission for…………………………………………………………... to participate in an excursion to King Pin to participate in ten pin bowling and laser skirmish sessions. Travelling on a chartered bus to King Pin and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________

Thursday 12th January 2017 Ice Arena - Thebarton 8:45am – 2:00pm
I give permission for…………………………………………………………... to participate in an excursion to the Ice Arena to participate in ice skating activities. Travelling on a chartered bus to the Ice Arena and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________

Thursday 12th January 2017 Laygo - St. Marys 9:00am – 2:00pm
I give permission for…………………………………………………………... to participate in an excursion to Laygo to participate in Lego building activities. Travelling on a chartered bus to Laygo and then back to Kids’ Zone.
Caregiver Name:_____________________                        Signature_______________________
Tuesday 17th January 2017  Croc’s Playcentre - Kilburn (YOUNGER)  9:00am – 2:00pm
I give permission for …………………………………………………………………………………………… to participate in an excursion to Croc’s Playcentre to participate in indoor playground activities. Travelling on a chartered bus to Croc’s Playcentre and then back to Kids’ Zone.

Caregiver Name: ___________________________  Signature ___________________________

Tuesday 17th January 2017  Aqua Dome - Elizabeth (OLDER)  8:30am – 3:30pm
I give permission for …………………………………………………………………………………………… to participate in an excursion to Aqua Dome to participate in swimming, water play and waterslide activities. Travelling on a chartered bus to Aqua Dome and then back to Kids’ Zone.

Caregiver Name: ___________________________  Signature ___________________________

Thursday 19th January 2017  Vertical Reality - Holden Hill (OLDER)  9:30am – 2:30pm
I give permission for …………………………………………………………………………………………… to participate in an excursion to Vertical Reality to participate in a rock climbing session. Travelling on a chartered bus to Vertical Reality and then back to Kids’ Zone.

Caregiver Name: ___________________________  Signature ___________________________

Thursday 19th January 2017  Aqua Dome - Elizabeth (YOUNGER)  8:30am – 3:30pm
I give permission for …………………………………………………………………………………………… to participate in an excursion to Aqua Dome to participate in swimming, water play and waterslide activities. Travelling on a chartered bus to Aqua Dome and then back to Kids’ Zone.

Caregiver Name: ___________________________  Signature ___________________________

Tuesday 24th January 2017  Arndale Cinema - Kilkenny  9:00am – 4:00pm (may change)
I give permission for …………………………………………………………………………………………… to participate in an excursion to Arndale Cinema to watch movies of either a G or PG rating. Travelling on a chartered bus to Arndale Cinema and then back to Kids’ Zone.

Caregiver Name: ___________________________  Signature ___________________________

AGREEMENTS

I give permission for my child to walk, with staff supervision, off of the school/OSHC site.  YES / NO

I give permission for my child to participate in all programmed activities.  YES / NO

I give permission for my child to be photographed by OSHC staff during activities and for these photo’s to be displayed in the OSHC area as the Director deems appropriate.  YES / NO

I understand that if I do not provide my child/children with a hat for outside activities or a helmet for wheels activities that my child/ren will not be able to participate in those activities.  YES / NO

I understand that there are risk assessments with staffing ratios available for each excursion and if I wish to see them I can ask one of the OSHC management team.  YES / NO

Caregiver Name: ___________________________  Signature ___________________________
Attention: Parents/ Carers:

On Tuesday **17/1/17 (older children)** and Thursday **19/1/17 (younger children)**, Kids’ Zone has organised an excursion to the Elizabeth Aquadome.

To ensure the safety of all children, if your child/ren is booked for either of these excursions, we request that all Parents/Carers complete the following;

Waterslide – **children must be 110cm and over** as per Aquadome requirements.

Does your child/ren meet these criteria? (Please circle the appropriate answer)

### OLDER CHILD EXCURSION  17/1/17  (YEAR 3 and over in 2017)

<table>
<thead>
<tr>
<th>#1 Child’s Name</th>
<th>#2 Child’s Name</th>
<th>#3 Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES is 110cm or over</td>
<td>YES is 110cm or over</td>
<td>YES is 110cm or over</td>
</tr>
<tr>
<td>NO is under 110cm</td>
<td>NO is under 110cm</td>
<td>NO is under 110cm</td>
</tr>
</tbody>
</table>

### YOUNGER CHILD EXCURSION  19/1/17  (YEAR 2 and under in 2017)

<table>
<thead>
<tr>
<th>#1 Child’s Name</th>
<th>#2 Child’s Name</th>
<th>#3 Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES is 110cm or over</td>
<td>YES is 110cm or over</td>
<td>YES is 110cm or over</td>
</tr>
<tr>
<td>NO is under 110cm</td>
<td>NO is under 110cm</td>
<td>NO is under 110cm</td>
</tr>
</tbody>
</table>

Do you give permission for your child/ren to go in the following (Please tick all relevant boxes):

### DEPTH OF POOLS

<table>
<thead>
<tr>
<th></th>
<th>17/1/17</th>
<th>17/1/17</th>
<th>17/1/17</th>
<th>19/1/17</th>
<th>19/1/17</th>
<th>19/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlers and learner's pools 25 m pool</td>
<td>0.8m – 1.3M</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>Indoor, heated 50m pool</td>
<td>1.02m – 1.80m</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>Indoor waterslide (must be 110 cm &amp; over)</td>
<td>Knee height</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

Does your child/ren require assistance getting dried or changed? (Please circle the appropriate answer)

<table>
<thead>
<tr>
<th></th>
<th>17/1/17</th>
<th>19/1/17</th>
<th>17/1/17</th>
<th>19/1/17</th>
<th>19/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td>Child’s Name</td>
<td>Child’s Name</td>
<td>Child’s Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES female staff only</td>
<td>YES female staff only</td>
<td>YES female staff only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES male staff only</td>
<td>YES male staff only</td>
<td>YES male staff only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES don’t mind either staff gender</td>
<td>YES don’t mind either staff gender</td>
<td>YES don’t mind either staff gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO assistance required</td>
<td>NO assistance required</td>
<td>NO assistance required</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed: ___________________________ Print Name: ___________________________ Date: __________

Any questions you would like to ask?


Please do not hesitate to talk to Bec, Kris or a qualified educator if you have any additional concerns or questions.
MEMBERSHIP AGREEMENT AND ASSUMPTION OF RISK FORM
(Must be completed by ALL climbers and belayers)

Note: Section 60 of the Competition and Consumer Act 2010 (Act) implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Please read the following document carefully and understand it thoroughly before signing.

<table>
<thead>
<tr>
<th>First name:</th>
<th>Surname:</th>
<th>Date of birth:</th>
<th>Address:</th>
<th>Postcode:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

The below signed applicant hereby applies for membership of the VERTICAL REALITY CLIMBING GYM (VRC) and, while at VRC, undertakes:

1. to follow ALL Gym Rules and conditions as specified by VRC, its agents, employees and associates in relation to the use of the facility from time to time;
2. to climb safely and behave in an appropriate manner as specified by VRC staff;
3. not to participate in climbing, belaying or lead climbing unless authorised by VRC staff;
4. to correctly and honestly provide VRC with relevant information as requested on this application or by VRC staff;
5. to avoid and prevent where possible any activity which increases the potential of injury to themselves or other persons in the facility;
6. to inform VRC immediately upon sustaining any injury while at the facility, and provide, in writing, VRC with the details and documentation of any injury and/or medical treatment; and
7. to pay climbing fees for each visit.

Acceptance of risk

The applicant acknowledges:

1. that there are inherent risks in the very nature of climbing or belaying while every effort has been made by VRC to ensure your safety applicants need to be aware that the risks may include, but are not limited to the following: the possibility of falling, contact injuries with holds/walls, sporting type injuries (muscular and skeletal), rope burn, death and other general hazards such as tripping;
2. and accepts all risks associated with climbing or belaying, including the possibility of injury, death, loss or damage and wishes to undertake the activity with VRC;
3. and agrees that if I suffer injury or illness VRC may at my cost, arrange medical treatment and medical evacuation service as VRC deems essential to me;
4. and agrees to indemnify VRC, its agents, employees and associates against all claims made by any other person against VRC in respect of any injury, loss or damage arising out of or in connection with the applicant’s failure to comply with VRC’s rules and/or directions;
5. and agrees that, to the extent permitted by law, VRC shall not be liable for any injury, loss or damage suffered by the applicant or by any other person, arising from or in connection with the applicant’s participation in climbing or belaying, whether such injury, loss or damage was caused directly or indirectly by the negligence of VRC or otherwise, or by VRC’s agents, employees or associates. The applicant hereby releases VRC from all such claims, and indemnifies VRC against all claims made or on behalf of any other person;
6. and understands that nothing in this agreement limits or excludes provisions made in the Competition and Consumer Act 2010 (Cwlth) or other applicable legislation and that despite my signing of this agreement I will still have the benefit of consumer protection and certain rights implied under the Act which cannot be waived;
7. this agreement is governed by the laws of South Australia including the Civil Liability Act 1936 (SA);
8. that it has disclosed any pre-existing medical or other conditions that may affect the risk that either the applicant or any other person could suffer injury, loss or damage;
9. that VRC relies on the information provided by the applicant, and the applicant states that all such information is accurate and complete;
10. and agrees not to participate in either climbing or belaying while under the influence of alcohol or any other mind altering substance;
11. that he/she is able to show proficiency in the areas outlined in the Assessment Form;
12. and states that I am of lawful age and legally competent to sign this agreement or that I have acquired the written consent of my parent or guardian. I understand in entering into this agreement I am not relying on any representations made by or on behalf of VRC, that the terms herein are contractual, serious not a mere recital and form the basis of the agreement by which I participate; and that I have signed this document of my own free act.

I CERTIFY that the information which I have provided on this form is true and correct in every particular, to the best of my knowledge and belief. By submitting this form I DECLARE that I have read, understood and agree to all Gym Rules, Assessment Form and the terms of this agreement. I DECLARE that I understand these warnings, and accept all the inherent risks and danger in my participation in climbing or belaying at VRC.

<table>
<thead>
<tr>
<th>Name of applicant</th>
<th>Signature of applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

If applicant is under 18 years of age

<table>
<thead>
<tr>
<th>Name of parent/guardian</th>
<th>Signature of parent/guardian</th>
<th>Date</th>
</tr>
</thead>
</table>

Please provide details of any medical conditions, injuries, allergies and/or medications that may affect your health whilst participating in this activity: