

inSports Logan Little Legends Registration

PARTICIPANTS DETAILS

First Name

Surname

Street No. and Name

Suburb

Postcode

DOB

All sessions are at Logan Metro Sports and Events Centre. Please tick your preferred session/s (✓)

4-8yrs Monday session

4-8yrs Wednesday session

4-8yrs both sessions

PARENT / GUARDIAN DETAILS

First Name

Surname

Ph(H)

Ph (W)

Ph (M)

Relationship

Email

EMERGENCY CONTACT PERSON DETAILS (other than parent)

In the event of an incident, you agree that this person has permission to collect your child. (Must be 18 years old or over.)

First Name

Surname

Ph(H)

Ph (W)

Ph (M)

Relationship

Email

loganleisurecentres.com.au

LOGAN METRO
357 Browns Plains Rd, Crestmead
Ph 3412 5952



CHILD'S HEALTH DETAILS

If your child has any severe allergies or illnesses that require an action plan, please provide us with a copy of your child's current action plan.
(Please circle)

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ASD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Please do not bring your child to participate if they are sick with, Vomiting, Gastro, Diarrhea, or Influenza.

Please provide full details if you answered 'Yes' to any of the above –

Staff that conduct sessions or staff at Metro reserve the right to request a child not to participate in the session if deemed unwell. Please note that parents will be called if staff at Metro believe your child is unwell.

Please provide full details if you answered 'Yes' to any of the above –

IMMUNISATION STATUS

(Please tick (✓))

Fully Vaccinated Partially Vaccinated Not Vaccinated

Please provide details -

ACCESS AND INCLUSION CONSIDERATIONS

Does your child have a disability? Yes No

Does your child qualify for NDIS Funding? Yes No

Does the participant use mobility aides? (e.g. wheelchair, crutches ,etc) Yes No

Does your child require an Interpreter? Yes No

Please provide details -

ACCESS AND INCLUSION CONSIDERATIONS (continued)

Does your child have religious or cultural requirements?

Yes No

Please provide details -

PAYMENT DETAILS

\$8 per session

To protect your privacy, once your registration is received, one of our administration team will contact you to process your payment.

If you need to cancel, please provide for 24 hours' notice. We do not issue a refund, only one rescheduled/make up class per participant per term only to a class that has availability.

PERMISSION

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED / VIDEOED WHILE PARTICIPATING IN INSPTS LOGAN LITTLE LEGENDS ACTIVITIES. I CONSENT TO THESE PHOTOS / VIDEOS BEING USED FOR PUBLICITY PURPOSES (INCLUDING BUT NOT LIMITED TO FACEBOOK AND INTERNAL PROMOTIONS).

SIGNED (member or parent / guardian over 18)

DATE

I agree to my child attending Logan City Council, inSports Logan Little Legends and understand that it is an adjunct care service. As such, as the parent / guardian, I am required to remain on the premises where the care is provided, so that I may be immediately contacted and available in an emergency.

I hereby waive on behalf of myself, my heirs and executors hereafter liability against Logan City Council and its officers, employees, contractors and agents for any injury, illness, death or adverse changes in my child's medical condition or state of health (whether permanent or temporary), arising directly or indirectly from my child's use of the facilities or other services provided.

I also give permission for medical / ambulance assistance in case of emergency and agree to pay any costs incurred. I understand that the inSports Logan Little Legends fees are non-refundable and acknowledge that it is a condition of booking that my child is picked up no later than the stated Logan Little Legends session end time.

I understand that as this is an adjunct care service provided by Logan City Council inSports Logan and that the service is inclusive of children who may or may not be vaccinated. I understand that Logan City Council encourages all children to be immunised and up-to-date with all vaccinations. Regardless of immunisation status, my child maybe refused access to the Logan Little Legends if they are showing signs of an illness. I will ensure to notify the centre immediately should my child be diagnosed with any illness that is infectious and could be transmitted to other attending children.

I accept that I am fully responsible for the booking and payment of the above stated program.

I understand and agree to the above stated terms and conditions for participating in the Logan Little Legends program.

SIGNED (member or parent / guardian over 18)

DATE

HOW DID YOU HEAR ABOUT THE PROGRAM?

(Please tick (✓))

- | | | | |
|--------------------------------|--------------------------|-----------------|--------------------------|
| Our Logan Magazine | <input type="checkbox"/> | What's On sites | <input type="checkbox"/> |
| Logan Leisure Centres website | <input type="checkbox"/> | Poster | <input type="checkbox"/> |
| TV screens at inSports centres | <input type="checkbox"/> | Facebook | <input type="checkbox"/> |
| Brochure | <input type="checkbox"/> | Word of Mouth | <input type="checkbox"/> |

PRIVACY NOTICE

Privacy Collection Notice: Logan City Council is collecting your personal information for the purposes of administrating Logan Little Legends. Your personal information may be accessed by employees, contractors, and/or Councillors of Logan City Council, and other Government agencies. Your personal information will be handled in accordance with the Information *Privacy Act 2009 (Qld)* and may be released to other parties where Logan City Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see logan.qld.gov.au/about-council/contact-us/privacy

FOR OFFICE USE ONLY

RECEIVED

DATE

BOOKED

DATE

PAYMENT PROCESSED

DATE

DETAILS RECORDED

DATE