



# DENMARK RECREATION CENTRE

McLean Park, Brazier Street, Denmark  
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## SCHOOL HOLIDAY PROGRAM

### ENROLMENT FORM

This form needs to be completed and returned to the Denmark Recreation Centre together with payment prior to the selected holiday activity(ies).

**Session Fees: Morning session - \$16.00**  
**Afternoon session - \$13.00** + expenses (where applicable, *eg movies*)  
**Full day - \$25.00** – 1<sup>st</sup> Child  
**\$19.00** – 2<sup>nd</sup> Child  
**\$17.00** – Children thereafter

Name of Child / Children	Age	Date of Birth	Swimming Stage Achieved

**Child(ren's) Address:** \_\_\_\_\_

**Full Name of Parent / Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Allergies (food etc):** Yes/No - details: \_\_\_\_\_

**Medical conditions:** Yes/No - details: \_\_\_\_\_

**Other relevant information relating to your child:** \_\_\_\_\_

**I authorise for photographs to be taken of my child(ren) during the Holiday Program and used in future promotional materials.** (please circle) Yes or No

**Emergency Contact Person (other than Parents):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### DECLARATION

I request that the child(ren) named above take part in the Denmark Recreation Centre Holiday Program and agree that staff and leader of the program are free from all responsibility for accidents and loss of property in connection with my child(ren's) participation. I authorise for medical attention to be sought for my child(ren) if required in an emergency. I understand that my child(ren) will not be permitted to leave the premises of the Denmark Recreation Centre without my signed authorisation or the consent of centre staff.

**Signed (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_