

## **GAME ON!**

Spend a day (or five) at Borambola Sport and Recreation Centre and try different sports and activities during the April school holidays!

#### **Jack Attack! I Monday 13 April 2015**

- Sports/activities: Lawn Bowls, Outdoor Rock Climbing and Archery
- Program number: 0071857 (ages 7 to 9)Program number: 0071860 (ages 10 to 12)

### Cirque du Borambola I Tuesday 14 April 2015

- Sports/activities: Acrobatics, Low Ropes and Kayaking
- Program number: 0071862 (ages 7 to 9)Program number: 0071863 (ages 10 to 12)

#### Jump, Slide and Fly I Wednesday 15 April 2015

- Sports/activities: Flying Fox, Slider Hockey and BMX
- Program number: 0071864 (ages 7 to 9)Program number: 0071865 (ages 10 to 12)

#### Slam Dunk & Fencing Fury I Thursday 16 April 2015

- Sports/activities: Fencing, Basketball, Geo Caching and OZ Tag
- Program number: 0071867 (ages 7 to 9)Program number: 0071866 (ages 10 to 12)

#### I know... Aikido! I Friday 17 April 2015

- Sports/activities: Martial Arts, Indoor Rock Climbing and Volleyball
- Program number: 0071868 (ages 7 to 9)Program number: 0071869 (ages 10 to 12)



#### **MORE DETAILS**

**Who:** Girls and boys, aged 7 to 12 years

**Location:** Borambola Sport and Recreation Centre: 1980 Sturt Highway, BORAMBOLA NSW 2650 (via Wagga Wagga)

**Transport:** Bus leaves Bolton Park Car Park at 8.30am sharp (please arrive at 8.15am); and arrives back at 5:15pm. Roll call is checked at the bus.

**Cost (includes activities, lunch and transport):** \$65 per day OR \$300 for all 5 days.

#### WHAT TO BRING

Participants should come dressed in comfortable clothing for playing sport; wear enclosed shoes; bring a hat, drink bottle, swimmers and a towel.







# **Enrolment form**

Program information			
Program name	Venue		Program date(s)
Participant information		Data of birth	
Name		Date of birth	 ☐ Male ☐ Female
Address		J L ' ' ' Phone	Li Male Li Female
Address		Home	
Postcode		Work/mobile	
Email address		WORK MODILE	
Please provides details of any medical conditions, allergies or disabilities that	t may affect your particip	pation in this program	
Optional information			
To help us serve the community it would be appreciated if you could a	answer the following qu	uestions:	
Are you from a culturally diverse background?	How did you find out a		
(for statistical purposes only)			
Are you of Aboriginal or Torres Strait Islander descent? Yes No (for statistical purposes only)			
Payment information			
My cheque or money order payable to Sport and Recreation is enclosed OR	charge \$	to my credit card:	☐ Visa ☐ Mastercard
my diseque of money eraor payable to open and recreation to enclosed on			- Viou - Macterbara
		E	Expiry date /
Cardholder name	Signature		
Risk warning and Media consent	Privacy statement		
Strike out whichever does not apply:			oic Park, NSW 2127 will collect lible processing of enrolments for
I agree for me/my child/ward to attend the Centre and to undertake all activities and/or	the program. The informati	ion will be provided to relevar	nt staff and be provided to medical
to participate in the above program. In the case of an emergency, I authorise Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for me/my	•	ssary. You consent to these d rinformation regarding Abori	ginal and Torres Strait Islander
child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention,	descent and cultural backç statistical purposes only.	ground, this information is vol	luntary and is being compiled for
ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program.			abase that will only be accessed
I understand that although Sport and Recreation and its service providers attempt to	used for the purpose for w	hich it was collected. Any inf	ctions. The information will only be formation provided by you to Sport
minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent	and Recreation can be acc writing to us or by contacti	,,	d office hours and updated by
risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.	I do not wish to receive and Recreation.	e promotional information abo	out this service offered by Sport
Please tick whichever applies to you:	Refunds and cancellation	ns	
☐ I consent / ☐ I do not consent to allow the NSW Government to use any	Requests for refunds must	t be made within seven (7) w	
photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of NSW Government services and initiatives to the media and to the			ed. All requests must be made in of 20 per cent of the total program
general public.			or will make up lessons be provided. Sport and Recreation reserves the
Full name Self Parent Guardian (please tick)	right to cancel any progran	m/s. Every effort will be made	e to give reasonable notice to those enrolled will be given a full refund.
		. 0	
Signature Date			

#### Return this form with payment to:

Sport and Recreation 1980 Sturt Highway Borambola via Wagga Wagga NSW 2650 Fax: (02) 6928 4384

Office of Sport
Sport & Recreation