



LCC ICE RINK PROGRAM ENROLMENT FORM



To be completed by the participant or parent/guardian if the participant is a minor.

Skater's Full Name: _____ LCC No.: _____
 Address: _____ Gender: _____
 _____ P/C: _____ D.O.B: / / _____
 Parent's name: _____ LCC No.: _____
 Address: _____ Mobile: _____
 _____ P/C: _____ Home phone: _____
 Programs I'm booking into: _____ Program Date: _____

EMERGENCY CONTACT AND MEDICAL DETAILS

Doctor's name: _____ Address: _____
 Phone: _____ P/C: _____

Please list one person authorised to collect your child if we cannot contact you in an emergency:

Name: _____ Work phone: _____
 Address: _____ Mobile: _____
 _____ P/C: _____ Relationship to yourself/child: _____

Are you/is your child on regular medication, have any disabilities or allergies we should be aware of?

Yes No If yes, please provide details: _____

Programs I'm interested in:

<input type="checkbox"/> Aussie Skate	<input type="checkbox"/> School Holidays on Ice
<input type="checkbox"/> Playgroup on Ice	<input type="checkbox"/> Sharpen Your Edge
<input type="checkbox"/> Coffee Club	<input type="checkbox"/> Ice Hockey
<input type="checkbox"/> Figure/Synchronised Skating	

there any other information you wish us to know about yourself/your child _____

NO RESPONSIBILITY: The activities provided in this centre have a certain amount of risk attached. By entering the Complex, our patrons and their guardians accept that there is a degree of risk and release the Complex from any responsibility or legal liability associated with participating in an activity or actions of other patrons present or participants in an activity. Helmets, knee or elbow pads are available, please ask skate hire staff for further assistance.

Cancelled classes and missed lessons cannot be refunded. Make-up lessons: missed lessons can be made up by attending a class at an alternative time. Make-up lessons must be taken during the term in which they were missed. Any unused lessons are forfeited. Any re-enrollment in a course will be deemed to be a continued acceptance of these conditions.

Parent / guardian: _____ Signature: _____ Date: / / _____
 LCC staff member: _____ Signature: _____ Date: / / _____

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