

ENROLMENT CONDITIONS

By completing this application you and your child acknowledge:

1. The application form is confirmation of your enrolment into the University of Wollongong Recreation & Aquatic Centre (URAC) Holiday Sports Camp Program.
2. Camps and programs are subject to change and/or cancellation for any reason including poor or unsuitable weather.
3. No claim can be made due to change or cancellation of camps programs by URAC.
4. Sport has inherent dangers and you have assumed all risk of injury or loss associated with these activities.
5. URAC and the University of Wollongong accept no responsibility for personal injury, property damage or loss sustained as a result of attending camps.
6. Authority is given to URAC to obtain medical treatment as it sees fit and you will be responsible for all associated costs.
7. A late pick up charge of \$1.00 per minute applies 15 minutes after the Sign Out time.
8. URAC can refuse or terminate enrolment if camp rules are not followed.
9. If you cancel your application:
 - a) Less than 14 days from the start of the camp an administration fee of \$55.00 will apply.
 - b) After camp commencement no refund will be provided.
10. All photographs taken at the camp will remain the property of URAC and may be used in any URAC publication, including but not limited to brochures, applications, website and other promotional materials.
11. URAC treats all information in accordance with its Privacy Policy, available at www.uow.edu.au/urac

PROUDLY SUPPORTED BY



FOR MORE INFORMATION

Phone URAC Sports Hub reception on 42218133 - Email: rveney@uow.edu.au or lmurray@uow.edu.au



DEAR PARENTS

UOW Holiday Sport Camp is a fun and exciting, multi-sport day camp, school holiday program for children aged 5-12. UOW Holiday Sports for Kids exposes children to many different sports in a non-competitive environment. With the focus on participation and having a good time, this program is excellent for introducing kids to new sports and for keeping them active and happy during the school holidays.

Go on, send your kids to Uni, and sign them up for the UOW Kidz Sportz Camps.

Lee Murray, Programs Manager
Recreation & Aquatic Centre, University of Wollongong

MULTI SPORT CAMP

COST \$40 PER CHILD PER DAY 9AM - 5PM

Designed for lovers of sport, the Multi Sport camp allows participants to challenge themselves in a number of sports. Sports include Soccer, Rugby League, Rugby Union, Tennis, Squash, Dance, Basketball, Cricket, Hockey, Badminton, Volleyball, Netball, Water Sports, Ultimate Frisbee, Judo, Touch, Bocce and Swimming (weather permitting).

CAMP DATES

- October 6th - 16th, 2009
- January 4th - 22nd, 2010
- April 5th - 16th, 2010
- July 5th - 16th, 2010

CAMP OPTIONS

- 1. 9am - 12pm **\$20**
- 2. 9am - 3pm **\$30**
- 3. 9am - 5pm **\$40**

CAMP DETAILS

MULTI SPORT CAMPS BEGIN AT 9AM SHARP

Daily registration from 8.45am - 9.00am

- Children are to be signed in and out by a parent/guardian on each day at the **URAC Sports Hub Building 9 Northfields Ave, Wollongong.**

WHAT TO BRING

- Lunch / morning & afternoon snacks
- Spare change of clothes
- Hat (Sunsmart policies apply)
- Water bottle
- Wet weather gear
- Towel and Bathers

NO NUTS in the children's food please

PAYMENT

- Full payment is required for confirmation of a camp placement
- Payment options include cash/cheque/credit card
- Cheques made payable to URAC Ltd
- All payments and enrolments to be made at the University of Wollongong, URAC Sports Hub Bldg. 9 Northfields Ave, Wollongong 2522.



ENROLMENT & REGISTRATION FORM

PARENT INFORMATION

MR/MRS/MISS/MS _____
 PH (H) _____ (BUS) _____
 ADDRESS _____
 P/CODE _____ EMAIL _____
 MOBILE NO: _____
 EMERGENCY CONTACT NAME _____
 RELATIONSHIP TO CHILD _____ PH _____
 HOW DID YOU FIND OUT ABOUT UNIVERSITY SPORTS CAMPS?
 MAIL OUT NEWSPAPER WEBSITE UNIVERSITY
 SPORTS CLUB RADIO SCHOOL FRIEND
 OTHER _____
 HOW WOULD YOU LIKE TO RECEIVE CONFIRMATION?
 MAIL FAX EMAIL

CHILD INFORMATION

CHILD A

SURNAME _____
 FIRST NAME _____ M F DOB ____ / ____ / ____
 SCHOOL _____
 MEDICAL/ALLERGIES _____

CHILD B

SURNAME _____
 FIRST NAME _____ M F DOB ____ / ____ / ____
 SCHOOL _____
 MEDICAL/ALLERGIES _____

MULTI SPORT CAMP (select one) OCT JAN APRIL JULY

Form example

MON 4th ^A ^B ^{*} **TOTAL** **\$30**

* Option, see camp options 1, 2 or 3

WEEK 1				WEEK 2				WEEK 3 (JAN Only)						
	CHILD	A	B	*		CHILD	A	B	*		CHILD	A	B	*
MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the following box if you would like to purchase a **Camp T-shirt** for your child/children at a cost of \$10ea. How many _____

PAYMENT OPTIONS

CASH CHEQUE M'CARD VISA TOTAL

CARD EXPIRES ____ / ____ / ____

CCV NO: _____

NAME OF CARDHOLDER _____

By lodging this application I state that I have read the enrolment conditions and agree to the conditions therein.

SIGNATURE _____

I authorise you to debit my account with the TOTAL balance.