



October School Holidays Registration Form 2010

56 Coyne Street, Fadden, ACT 2904 | P 6298 5500 | F 6298 5596 | www.mpowerdome.com.au

Week 1: 28th September – 1st October Week 2: 5th October – 8th October

Please bring a water bottle & a snack

Ages 7-13

Participant Name: _____ DOB: _____ Age: _____

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Participant Address: _____

Parent/Guardian: _____ PHONE: _____

Email Address: _____

Are there any medical conditions, medication, or recent injuries of which we should be aware of for either participant?
Yes / No If yes, please advise _____

How did you hear about this program?
Coaching / Flyer / Website / Newsletter / Drop In / Friend / Phone / Previous Holiday Program / School / Other _____

Please tick the session(s) you wish to attend:

Activity	<u>TENNIS</u>	<u>SOCCER</u>	<u>EURO</u>	<u>NETBALL</u>	<u>AFL</u>	<u>FLOORBALL</u>
	9am-12pm \$30/session	12pm-2pm \$20/session	<u>HANDBALL</u> 2pm-4pm \$20/session	9am-11am \$20/session	11am-1pm \$20/session	1pm-3pm \$20/session
Week 1	Wed 29 th	Wed 29 th	Wed 29 th	Tues 28 th	Tues 28 th	Tues 28 th
	Fri 1 st	Fri 1 st	Fri 1 st	Thur 30 th	Thur 30 th	Thur 30 th
Week 2	Wed 6 th	Wed 6 th	Wed 6 th	Tues 5 th	Tues 5 th	Tues 5 th
	Fri 8 th	Fri 8 th	Fri 8 th	Thur 7 th	Thur 7 th	Thur 7 th

Parent/Guardian Declaration: In signing this form, I understand that:

My child(ren) participate at mpowerdome at their own risk;
I/My child(ren) take full responsibility for personal injuries that may arise directly or indirectly from participation and indemnify mpowerdome against any legal action;
I/My children take full responsibility for personal property.

PLEASE PRINT NAME

SIGNATURE

DATE

CREDIT CARD PAYMENT DETAILS (For fax or mail registrations)

Card Number ____ / ____ / ____ / ____ EXP ____ / ____ VISA MASTERCARD

mpowerdome Member (10% Discount applies to all options)

All prices include a non refundable component of \$20.00

*** Parent/Guardian Signature and full payment required *prior* to child(ren) participation in program***