



## ENROLMENT FORM

Please complete this form and return it to Club Dubbo via email [bowlsmgr@bigpond.net.au](mailto:bowlsmgr@bigpond.net.au) or post to Club Dubbo, 82 Whlyandra St, Dubbo NSW 2830.

**Child's Name:** \_\_\_\_\_ **Gender:** Male / Female

**Date of Birth:**    /    /    **School Year:** \_\_\_\_\_ **School:** \_\_\_\_\_

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

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Condition/s:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_ I give consent to his/her participation in the Club Dubbo Barefoot Bowls Holiday Program and agree to the release and accuracy of the information stated above.

In the event of any injury or illness to my child, I authorise the supervisors to apply or arrange first aid and to arrange examination by a registered medical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:**    /    /

**CLUB DUBBO**