



BIG4 Middleton Beach Holiday Park

KIDS CLUB INDEMNITY FORM

Please return this form to the office by 6pm to register your child's attendance for the following day

CHILD(S) NAME: _____

AGE: _____ ROOM/SITE NUMBER: _____ Departure Date: _____

DESCRIBE IN FULL ANY ALLERGIES (DRUGS/FOOD/ENVIRONMENT) AND ANY MEDICATION TAKEN?

DOES YOUR CHILD HAVE A SPECIAL DIET? **Y** **N** IF SO, GIVE DETAILS

DOES YOUR CHILD TAKE MEDICATION **Y** **N** IF SO, GIVE DETAILS

IS THERE ANY RESTRICTION ON YOUR CHILD PARTICPATING IN CERTAIN ACTIVITIES? TO SAVE EMBARRASSMENT, PLEASE ADVISE US CONFIDENTIALLY AND WE WILL ENSURE YOUR CHILD IS NOT REQUIRED TO PARTICPATE IN THAT ACTIVITY (e.g. Embarrassed to read out loud, cannot run etc) **Y** **N**

IS THERE ANYTHING ELSE THE LEADERS SHOULD KNOW ABOUT YOUR CHILD? _____

Emergency contact details:

Name: _____ Relationship to Child: _____

Phone Number: _____

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of participating children, the park and its leaders will not incur any responsibility or liability whatsoever for any accident or sickness to any participant or any damage to his/her property that may happen through and circumstances other than gross negligence on the part of the park or its agents. I accept full responsibility and give my consent for my child to participate in the Kid's Club and associated activities.

Parent or Guardian's Name: _____

Signature: _____ Date: _____

• I consent to my child being photographed: **Y** **N**

• If so, I also consent to photographs containing
my child to be put on the park website: **Y** **N**

• Are you happy for your child to walk back to where you are staying at the end of the
day's activities? **Y** **N**