



City of  
Queensland

**Stirling Leisure Centres**  
HERB GRAHAM RECREATION CENTRE  
MIRRABOOKA

## January School Holiday Sport Program 2020

Date	Sport
<u>14<sup>th</sup> of January</u>	<ul style="list-style-type: none"><li>• Basketball,</li><li>• Aussie Rules</li></ul>
<u>16<sup>th</sup> of January</u>	<ul style="list-style-type: none"><li>• Badminton,</li><li>• Floorball (hockey)</li></ul>
<u>17<sup>th</sup> of January</u>	<ul style="list-style-type: none"><li>• Soccer,</li><li>• Dodgeball</li></ul>
<u>21<sup>st</sup> of January</u>	<ul style="list-style-type: none"><li>• Badminton,</li><li>• Basketball</li></ul>
<u>23<sup>rd</sup> of January</u>	<ul style="list-style-type: none"><li>• Soccer,</li><li>• Floorball (hockey)</li></ul>
<u>24<sup>th</sup> of January</u>	<ul style="list-style-type: none"><li>• Sport carnival (Tabloid Sports)</li></ul>

### ***Additional information***

- Sausage sizzle lunch will be provided on the day.
- Bringing a water bottle and a snack is encouraged.
- Drop off between 8:30am – 9am
- Pick up time between 12pm - 12:30pm



City of Chester

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# School Holiday Program Enrolment Form 2020

Please circle which session(s) attending

Tuesday	Thursday	Friday
14 January 2020	16 January 2020	17 January 2020
21 January 2020	23 January 2020	24 January 2020

### PERSONAL DETAILS:

CHILD'S NAME		DOB	
PARENT / GUARDIAN			
ADDRESS			
PHONE NUMBER	Home:	Mob:	
EMAIL		<input type="checkbox"/> female	<input type="checkbox"/> male
HOW DID YOU HEAR ABOUT US	<input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Drove Past <input type="checkbox"/> Other (Please state) _____		

### EMERGENCY CONTACT:

NAME	RELATIONSHIP	PHONE

### BE INFORMED:

### E NEWSLETTER SUBSCRIPTION AND EMAILS:

Great way to be informed to what is happening in your area, as well as what is happening at this centre.

I wish to receive Emails

Yes  No

### MEDICAL INFORMATION:

Does your child have any of the following?

Asthma	Allergies (bees etc)
Diabetes	Epilepsy
Heart Condition	Hearing/sight difficulties
Past Injuries	OTHER:
Is your child currently taking any medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details:	

PARENTS/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_