

2012 CHILDREN'S ACTIVITY BOOKING FORM

Full payment must be made at the time of booking to confirm your place.

Programs are age appropriate. Please do not enrol your child into a session that is not suitable for your child's age group.

Parents are not required to stay unless specified in program description.

ACTIVITY/PROGRAM DETAILS

Date of activity: _____ Title of activity/program: _____

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CHILD'S INFORMATION

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do any of these children have a medical condition or health problem that may affect them during this activity? yes* no

*If you have answered yes, please complete the section on the following page.

EMERGENCY CONTACT INFORMATION

Full name: _____

Address: _____ Postcode: _____

Relationship to child: _____

Please provide telephone contact numbers that we will be able to call during the activity/program.

Mobile: _____ Other telephone: _____

Email: _____

I would like to subscribe to the Heide Kids and Families e-bulletin: yes no current subscriber

How did you hear about the activity/program? _____

PHOTOGRAPHY CONSENT*

I consent to photographs or visual images of my child (named above) and/or their artwork to be reproduced and published without acknowledgement, remuneration or compensation by Heide Museum of Modern Art for the purpose of documenting and publicising Heide Education and Public Programs on Heide's website, marketing brochures, annual report and other printed material.

*Strike out if you do not consent.

PARENT / GUARDIAN CONSENT

I agree and consent to my child (named above), participating in the above activity/program at Heide Museum of Modern Art ("activity").

I am solely responsible for any injuries, losses, damages, costs and expenses sustained or incurred by the above-named child as a direct or indirect result of that child's participation in the activity, to the extent permitted by law.

I agree to release and forever discharge Heide Museum of Modern Art, its officers, employees, volunteers and agents from all proceedings, demands and claims in relation to any injuries, losses, damages, costs and expenses of whatever description and however arising (including consequential loss) which the above-named child may sustain or incur while at Heide Museum of Modern Art as a direct or indirect result of that child's participation in the activity.

I agree to indemnify and keep indemnified Heide Museum of Modern Art, its officers, employees, volunteers and agents from and against all liabilities, losses, damages, costs and expenses (including consequential loss) sustained or incurred by Heide Museum of Modern Art as a direct or indirect result of the above-named child's participation in the activity. I, the person with lawful authority to consent to the medical treatment of the child, consent to Heide staff seeking necessary emergency medical, hospital, dental, or ambulance services in the event of any form of illness or accident occurring to the child, as Heide staff may determine in its absolute discretion, at my sole cost and expense.

Signature of parent or guardian: _____

Name of parent or guardian: _____ Date: ____ / ____ / ____

MEDICAL INFORMATION (CONTINUED)

*If you have ticked 'yes' that your child has a medical condition or health problem that may affect them during this activity please answer the following questions:

Child's name: _____

What is the nature of this condition?

How could it affect them?

Please explain the management procedure should this condition arise.

Is there other relevant information or special requirements that we need to be aware of? (e.g. access)

FOOD

To reduce our impact on the environment and landfill Heide encourages children to bring "rubbish free" snack boxes. Café Vue at Heide Lunch Boxes are \$15 each and can be pre-ordered directly from Café Vue at Heide on 03 9852 2346