



## ENROLMENT FORM 2021

Please complete this form and return it to reception with payment. All information collected will remain confidential. Please ensure we have your email address to notify you of Special Events, changes and cancellations.

### 2021 Membership Fee per calendar year \$10

- Hampton Community Centre Member and Highett Neighbourhood Community House Member
- HCC Voting Member\*\*     HNCH Voting Member\*\*

Course/Activity: .....

Day and Time: ..... Term and Year: .....

Receipt number and value: ..... Received By: .....

First Name (or if enrolling a child- Parent's name): .....

Surname: .....

Address: .....

Suburb: ..... Postcode: .....

Phone Number - Home: ..... Mobile: .....

Email Address: .....

Male / Female Language spoken at home: .....

I live in:  Bayside     Kingston    Other .....

Are you Aboriginal or Torres Strait Islander?  No     Yes, Aboriginal     Yes, Torres Strait Islander

Do you consider yourself to experience a disability, impairment or long-term condition that might affect your ability to participate?  No     Yes (if yes, please inform staff of support required)

Do you have a Concession or Health Care Card?  No     Yes

Age (please circle) 18 - 29    20 - 29    30 - 44    45 - 54    55 - 64    65 - 79    80 - 85    Over 85

Do you have any medical conditions we need to know about in case an ambulance needs to be called? (E.g. Allergic to Morphine)  No     Yes    Details: .....

**Hampton Community Centre**

14 Willis St, Hampton VIC 3188

Phone: 03 9598 2977 Email: [adminhcc@highett.org.au](mailto:adminhcc@highett.org.au)

**Highett Neighbourhood Community House**

2 Livingston Street, Highett VIC 3190

Phone: 03 9555 3797 Email: [office@highett.org.au](mailto:office@highett.org.au)

[www.baysidecommunitycentres.org.au](http://www.baysidecommunitycentres.org.au)



## EMERGENCY CONTACT DETAILS

Emergency contact:.....

Phone number:..... Relationship to you: .....

**Terms and Conditions of Enrolment:** Enrolments for classes will be confirmed by payment in full. Courses are term based. Full payment of term is required to secure booking. There will not be makeup classes for any classes missed. Early enrolment is essential and enrolments close when classes are filled.  
**Please tick here to acknowledge there are no makeup classes**

**Refunds:** Please choose your classes carefully; we cannot be responsible for your change of circumstances and we do not refund. We regret that classes with low enrolments may be cancelled or deferred. You will be advised of this by telephone either prior to commencement of the class or within 3 weeks of the term commencing. A refund will be issued if the course is cancelled due to lack of numbers.  
**Yearly Enrolment fee is not refundable. I acknowledge the Refunds terms & conditions**

**Photographic Images** Please note that photographic images of participants in activities at the centre may be taken by authorised representatives of HCC & HNCH and may be used in any of its advertising, promotional or other material including social media.  
**If you do not wish to allow such usage, please tick**

Are you interested in being a volunteer at HCC and/or HNCH? Yes  No

How did you hear about this activity?

Friend/Family  Social Media  Website  Email  Local paper  Brochure/Print Material

Other: .....

As a member of HCC and/or HNCH, I agree to be bound by the policies and procedures of the HCC and/or HNCH currently in place and the decisions of the Board of Governance.

**Signature of Applicant:** ..... **Date:** .....

\*\* Becoming a voting member confers the right to vote at the HCC and HNCH AGM

PLEASE TURN OVER FOR CHILDREN'S PROGRAMS ENROLMENT

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## PLEASE COMPLETE IF YOUR CHILD IS PARTICIPATING IN A CENTRE ACTIVITY

First name of child: ..... Surname: .....

Date of birth: .....

Name of school: .....

Does your child have a medical condition that might affect their ability to participate?  
Yes  No  Please attach your child's medical plan (e.g. asthma, epilepsy or allergies) to assist us if first aid is required. Anything written here will be kept confidential unless needed in an emergency.

Nature of Condition/Symptoms: .....  
.....

Treatment and/or Medication: .....  
.....  
.....

I hereby consent to the child, whose name appears above, receiving medical treatment which may be deemed necessary by HCC/HNCH in case of injury, accident or illness during the course of participating in the activity and also indemnify HCC/HNCH Inc in respect to such medical treatment.

Parent Name: .....

Parent Signature: .....

Emergency phone number to call.....