

BIG4 Whitsundays Tropical Eco Resort
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Children Club Registration Club

CHILD'S NAME: _____ Today's Date: _____

Age: _____ MALE/FEMALE: _____ Birth date: _____

Parent Name(s): _____

HOME: Physical address _____

SITE Number/Accomadation: _____

EMERGENCY CONTACT (Local or long distance):

Name _____

Relationship to Child _____

Mobile Number _____

Physical Address _____

PERSONS AUTHORIZED TO PICK CHILD UP: Children will only be released to the people listed below. Authorized persons must be over 18 and present a picture ID with date of birth on it. (i.e. driver's license, passport).

Name: _____

Name: _____

Name: _____

DIETARY NEEDS/ Does your child have any dietary needs? Allergies, Intolerances, Diabetes?

SAFETY EQUIPMENT: Your Child may bring their own Personal Safety Equipment, E.g. Helmets, Knee or Elbow Padding. Helmets are available through the kids Club

Describe any current physical, mental, or psychological conditions that require any medication, treatment, or special restrictions/considerations while at Kids Club:

List any illnesses your child has had in the past 24 hours: _i.e. Temperature/Vomiting, Diarrhea

Does your child have any of the following?

Asthma ___ Behavioural Problems ___ Diabetic ___

Epileptic ___ Hearing Impairment ___ Hyper/hypo-activity ___

Learning Disability ___ Motor Coordination Problems ___ Visual Impairment ___

Please explain: _____

Is your child taking any MEDICATION? Yes ___ No ___ Epi-Pens _____

Please list all medications, dosage and times given _____

We ask that parents administer all medication. Kids Club Staff DOES NOT administer medication.

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the person in charge to call my physician or to take my child to the nearest emergency clinic or Hospital.

Parents Name _____ Parents Signature _____

Date: _____

OFFICE USE ONLY:

CHILDS Name: _____ DATE/TERM: _____

Male/Female: _____ AGE GROUP: _____

Special Needs Notes _____