



## Summer School Holiday Program

Eastern Gymnastics Club is again running fun filled holiday program sessions over the summer school holidays. All sessions are taken by our qualified coaches and each includes a craft activity, a cooking activity and lots of FUN in the gym.

Date	Time	Theme	Date	Time	Theme
Tuesday 20th December 2011	9am- 12pm	Big Top	Friday 23rd December	9am - 1pm (Note: 4 Hours)	Christmas Celebrations (BYO Lunch) <b>Santa Visit</b>
Monday 9 <sup>th</sup> January 2012	1-4pm	Summer Sun	Wednesday 11 <sup>th</sup> January	9am- 12pm	Jungle
Friday 13 <sup>th</sup> January	9am- 12pm	Pirates	Monday 16 <sup>th</sup> January	9am- 12pm	Gym Sports
Tuesday 17 <sup>th</sup> January	1-4pm	Beach Fun	Thursday 19 <sup>th</sup> January	9am- 12pm	Pyjama Day (Dress Up)
Tuesday 24 <sup>th</sup> January	9am- 12pm	Cartoon Blitz	Wednesday 25 <sup>th</sup> January	1-4pm	Clowning Around
Friday 27 <sup>th</sup> January	9am- 12pm	Magic			

To book a place, fill out the form below and return it to the office before the end of term. During the holidays, if you have not returned your form but would like to come along, please contact the office first to check availability. For further information please contact the office on (03) 9890 2588 or via email at [enquiries@easterngymnastics.com.au](mailto:enquiries@easterngymnastics.com.au)

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**Child 1:** Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Attending: \_\_\_\_\_

Allergies/Health Info: \_\_\_\_\_

**Child 2:** Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Attending: \_\_\_\_\_

Allergies/Health Info: \_\_\_\_\_

*Please note: Any medication should be brought to the Club and given to the coaches. Please ensure any medications are clearly labelled. For anaphylaxis, this should include a photo and action plan.*

I, the undersigned, consent to the child/children named above attending the Holiday Program and in doing so, agree that Eastern Gymnastics Club Incorporated and/or its representatives (the Club) be free and clear of any responsibility for any accident or illness during the applicant's participation in any activity concerned with this program to the extent permitted by law. I further authorise the Club to obtain any medical assistance as is required and agree to meet any expense attached thereto.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Contact number: \_\_\_\_\_

**Please fill in payment details on the reverse of this slip**

