



Phusion's Total Sports Program



Date: 10 - 11 April 2017

Location: Holy Spirit School Nicholls,
26 Kelleway Ave, Nicholls ACT 2613

Bring: Comfortable clothing, healthy
snacks, morning tea, a drink bottle
and sunscreen

Who: Upper Primary School
Students

Cost: \$100



Sport, Movement and Fitness is the vehicle.

Phusion's Total Sports program is a unique holiday experience that uses sport as a vehicle for the personal growth of young people.

It is a holistic experience where participants will experience yoga, meditation, professional personal training sessions and innovative games designed to expose young people to positive experiences of competition.

Information about nutrition, movement and the exploration of empowering daily rituals (such as those designed to enhance the quality of sleep and to start each day effectively) will all be included in the program.

The aim is to provide participants with the knowledge that will assist them as they begin to assume increasing amounts of responsibility for the personal health of themselves and, perhaps, those around them.

The Phusion Total Sports Program, while committed to being 'great fun' is also committed to providing an experience that will serve its participants well for the rest of their lives.

© PHUSION LIVING PTY LTD
FOR MORE INFO CONTACT TIM ON 0414 459 356

Phusion Total Sports Program Registration

I would like my child/children _____
to participate in the Phusion Total Sports Experience to be held at Holy Spirit
School, Nicholls on 10 and 11 April, 2017.

Parent/Guardian _____

Contact Number _____

Email _____

Thank you and congratulations for applying to join us for what promises to be an
amazing program.

**Please complete and email this Registration Form, Medical Form and
submit payment to secure your place. The cost of the program is \$100.**

Payment Details

**Payment will secure a spot for your child and can be made by electronic
funds transfer or cash to: BSB: 082 967 Account: 36 942 9915 Name:
Phusion Living Pty Ltd**

Please include your child's full name in the payment description.

Tim Guthrie - timjguthrie@gmail.com OR Seamus Farrell -
James.Farrell@cg.catholic.edu.au

Medical Form & Summary

NOTE: Registration can also be completed online at the following link

<http://bit.ly/PhRegHS>

Name: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Contact Number: _____

Additional Contact Number: _____

Contact Email: _____

Language Spoken at home: _____

Please List any food allergies or sensitivities and provide details of treatment plan:

Please List any non-food allergies and provide details of treatment plan:

Do you carry the appropriate medication to treat an allergic reaction (Provide Details)?

Does your child have any medical conditions that are relevant for activities of a physical nature? (Please describe):

Please list any medications your child is currently taking:

Any other Special Requirements (include religious or cultural requirements):

Address and Contact details for person/people responsible for picking up and dropping off your child:

Person 1

Address: _____

Mobile Phone: _____

Email: _____

Person 2

Address: _____

Mobile Phone: _____

Email: _____

Ambulance Cover: Yes/No

Medicare Number: _____

I acknowledge the information contained here will be treated as confidential. However I understand it will be made available to staff and health care employees who have a Duty of Care while my son attends the program. I accept that there will be activities of a physical nature and voluntarily and expressly waive any injury claim against Tim Guthrie, Seamus Farrell or Phusion Living Pty Ltd, the Program Coordinators, or any other staff or volunteers assisting with the program. In the event of an injury, if I am unable to be contacted I also authorise Tim Guthrie or Seamus Farrell to arrange medical treatment as necessary.

Signed :

Dated: