



School Holiday Program – January 2025

WEEK 1 – Jan 6th – Friday 10th

WEEK 2 – Jan 13th – Friday 17th

WEEK 3 – Jan 20th – Friday 24th



About

CounterBalance Fitness offers a School holiday program for children aged 5 to 15 years of age. The daily program runs from 9am to 3pm through the school holiday period.

Fun activities that the children will be introduced to include some of the following.

Obstacle Course (Monkey bars, balance beams and balls, agility running etc)

Boxing for Fitness (Punch bags, skipping, running & introduction to self-defence) NO CONTACT

Ball Skills - Basketball, Netball, Soccer, Cricket, AFL, Shooting Catching and Throwing

Cardio Zone - Introduction to Cardiovascular fitness including Rowers, Skiers, Bikes

Flex n' Stretch - Allocated time each day to introduce and ensure correct and safe stretching exercises to maintain, improve flexibility, balance and injury prevention.

Game Zone- Table tennis, Ring throwing, Golf Putting etc through competition... NO IPADS!!!☐

Example of a day in the CounterBalance School Holiday Program:

Time	Agenda
8.30am – 9.00am	Children Drop Off/ Parent Sign in
9.00am -9.30am	Welcome & Warm up
9.30am – 10.30am	#1 - Boxing for Fitness & Cardio Zone
10.30am – 11.00am	Morning Tea Break
11.00am – 11.45am	#2 - Obstacle Course
11.45am – 12.30pm	#3 - Shoot Zone (Ball sports)
12.30pm – 1.30pm	Lunch Break
1.30pm – 2.15pm	#4 - Game Zone
2.15pm – 3.00pm	#5 Flex n Stretch (Unwind, Breath and Kids TV program)
3.00pm – 3.10pm	Children Pick up/ Parent Sign out



Booking Options

We provide you the choice to either book your child in for a whole week at a special discounted rate OR the flexibility to book your child in for Individual days depending on your varying commitments.

If you have more than one child to book into the CounterBalance School holiday program, we also offer a reduced rate for additional siblings.

Please see and select your preference in the Booking form below.

EARLY BIRD DISCOUNT PAY BEFORE DECEMBER 20TH 2024

Terms and Conditions

Illness

All children who are unwell are to be kept home from the school holiday program. If your child becomes unwell, CounterBalance Fitness will contact you to come and collect your child.

Child Health and Liability Confirmation

The parent/ guardian must complete the CounterBalance Fitness Child Health declaration and sign the release of Indemnity/ Liability form prior to your child's enrolment.

What to Bring

- * Each child to bring bag/ backpack with the following;
- * Sweat Towel
- * Water Bottle (We have a filtered water refill station)
- * Hat and Suncream
- * Adequate food (Healthy) for Morning tea, Lunch and afternoon tea) ~ Please No food to be supplied with nuts or any nut products to avoid the risk of exposure to other children with allergies. ~

CounterBalance Fitness Staff

All Rostered staff have been specially selected for this school holiday program. We will ensure that ALL activities that your child will experience will be in a fun and supportive environment.

CounterBalance Fitness Staff are all employed with the following qualifications:

First Aid & Resuscitation

Working with Children Card

Relevant Fitness Qualification (Cert IV)



Booking Form

Child Details

	Child #1	Child #2	Child #3
Name			
Age & Date of Birth			
List Any Allergies			

Enrolment Days

Week 1	Whole Week <input type="checkbox"/> \$300 Early Bird Dis \$85 Day payment before 20/12/24 Mon 6 th Jan <input type="checkbox"/> \$95 Day Tues 8 th Jan <input type="checkbox"/> \$95 Day Weds 9 th Jan <input type="checkbox"/> \$95 Day Thurs 10 th Jan <input type="checkbox"/> \$95 Day Fri 11 th Jan <input type="checkbox"/> \$95 Day	Whole Week <input type="checkbox"/> \$260 Early Bird Dis \$75 Day payment before 20/12/24 Mon <input type="checkbox"/> \$85 Day rate Tues <input type="checkbox"/> \$85 Day rate Weds <input type="checkbox"/> \$85 Day rate Thurs <input type="checkbox"/> \$85 Day rate Fri <input type="checkbox"/> \$85 Day rate	Whole Week <input type="checkbox"/> \$200 Early Bird Disc \$65 Day payment before 20/12/24 Mon <input type="checkbox"/> \$75 Day rate Tues <input type="checkbox"/> \$75 Day rate Weds <input type="checkbox"/> \$75 Day rate Thurs <input type="checkbox"/> \$75 Day rate Fri <input type="checkbox"/> \$75 Day rate
Week 2	Whole Week <input type="checkbox"/> \$300 Mon 13 th Jan <input type="checkbox"/> \$95 Day Tues 14 th Jan <input type="checkbox"/> \$95 Day Weds 15 th Jan <input type="checkbox"/> \$95 Day Thurs 16 th Jan <input type="checkbox"/> \$95 Day Fri 17 th Jan <input type="checkbox"/> \$95 Day	Whole Week <input type="checkbox"/> \$260 Mon <input type="checkbox"/> \$85 Day rate Tues <input type="checkbox"/> \$85 Day rate Weds <input type="checkbox"/> \$85 Day rate Thurs <input type="checkbox"/> \$85 Day rate Fri <input type="checkbox"/> \$85 Day rate	Whole Week <input type="checkbox"/> \$200 Mon <input type="checkbox"/> \$75 Day rate Tues <input type="checkbox"/> \$75 Day rate Weds <input type="checkbox"/> \$75 Day rate Thurs <input type="checkbox"/> \$75 Day rate Fri <input type="checkbox"/> \$75 Day rate
Week 3	Whole Week <input type="checkbox"/> \$300 Mon 20 th Jan <input type="checkbox"/> \$95 Day Tues 21 st Jan <input type="checkbox"/> \$95 Day Weds 22 nd Jan <input type="checkbox"/> \$95 Day Thurs 23 rd Jan <input type="checkbox"/> \$95 Day Fri 24 th Jan <input type="checkbox"/> \$95 Day	Whole Week <input type="checkbox"/> \$260 Mon <input type="checkbox"/> \$85 Day rate Tues <input type="checkbox"/> \$85 Day rate Weds <input type="checkbox"/> \$85 Day rate Thurs <input type="checkbox"/> \$85 Day rate Fri <input type="checkbox"/> \$85 Day rate	Whole Week <input type="checkbox"/> \$200 Mon <input type="checkbox"/> \$75 Day rate Tues <input type="checkbox"/> \$75 Day rate Weds <input type="checkbox"/> \$75 Day rate Thurs <input type="checkbox"/> \$75 Day rate Fri <input type="checkbox"/> \$75 Day rate

Parent/ Guardian Details

	Name	Mobile	Email
Contact 1			
Contact 2			



Your Information will be safely stored into CounterBalance Fitness software management system Mind Body for future records.

Payment Details

Credit Card

CC # _____ Expiry _____ CCV _____

Name on Card _____

I authorise CounterBalance Fitness to withdrawal the amount of \$_____ from this credit card.

Signature Date/...../.....

OR

Bank Transfer

Name – CounterBalance Health
BSB – 086 136
Account – 94 349 2530

Acknowledgement of Risk and Liability Waiver

You acknowledge and accept the risk inherent in attending CounterBalance Fitness, using fitness equipment and undertaking any exercise program or activity. These risks include personal injury and death. You acknowledge these risks arise not just from your child’s own actions, but the actions, omissions or negligence of others.

You accept responsibility for your child’s own safety when attending CounterBalance Fitness facilities and participating in any program, activity or using any equipment.

You consent to receive, and authorise CounterBalance Fitness to arrange, medical or hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness to your child when attending the Fitness Centre; and indemnify the organisers for all costs and expenses associated therewith.

For the avoidance of doubt, you acknowledge that CounterBalance Fitness is not liable for third parties or injury to your child caused by any other member or non-member.

You hereby agree you will not hold CounterBalance Fitness and/or our employees, agents or volunteers liable for (a) any loss, damage, personal injury or death suffered or incurred from your child’s use of the Fitness Centre or your child’s participation in any class or activity, except if we (or any one of our employees) are deemed negligent; or (b) any loss of/damage to your property, including a vehicle or its contents or property at CounterBalance Fitness.

PARENTAL CONSENT (For participants Under 18 years of age)

By acknowledging and agreeing to this Liability waiver, you give permission as the Parent or legal guardian of the child (under18) to participate in a CounterBalance Fitness session.

You hereby represent that to the best of your knowledge, that your child has no conditions or injuries that may be aggravated by the use of the Fitness Centre or that may affect their ability to participate safely.

.....
Acknowledgement Signature

.....
Name

...../...../.....
Date

Please email this Booking Form, Payment remittance and signed Waiver to
info@counterbalancefitness.au