

H2O Xtream Holiday Programme Booking Form

Child's Name: _____

DOB: _____ Age During Programme: _____ Gender: _____

Programme: Surf's Up (5-8yrs) Hang10 (9-13yrs)

	11/7	12/7	13/7	14/7	15/7	18/7	19/7	20/7	21/7	22/7
DAY										
AM										
PM										

Parent/Caregiver Name: _____

Relationship to child: _____

Email: _____

Work Phone: _____

Mobile Phone: _____

Address: _____

First Emergency Contact Name: _____

Relationship to child: _____

Email: _____

Work Phone: _____

Mobile Phone: _____

Second Emergency Contact Name: _____

Relationship to child: _____

Email: _____

Work Phone: _____

Mobile Phone: _____

Pick Up Authorisation (additional people authorized):

Names: _____

Medical Information:

If your child has medical requirements, please complete a supplementary medical information form.

My child has medical requirements.

I have completed the medical form.

Permission & Consent:

I have read and agree to the terms & conditions.

I give permission for a first aid trained staff member to administer first aid and seek emergency treatment if necessary.

I give consent for my child to participate in the H2O Holiday Programme activities.

I give permission for my child to be included in photography while participating in the holiday programme.

I give Upper Hutt City Council permission to use images of my child & I understand that images may be used in publications and promotional material.

I give permission for my child to leave the programme unsupervised and make their own way home at _____pm

Signed: _____ **Date:** _____

Payment:

Total Amount: \$ _____

Payment Type: WINZ _____ Invoice _____ Eftpos/Credit _____ Cash _____

Payment via invoice to be paid by **5pm 6th July**. Email h2oholidays@uhcc.govt.nz

Office Use Only:

Booking _____ Payment _____ WINZ to Pay _____ Invoice _____

Amount \$ _____ Staff _____ Date _____

Details Checked _____ Staff _____ Date _____