

## H2O Xtream Holiday Programme Booking Form

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age During Programme: \_\_\_\_\_ Gender: \_\_\_\_\_

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

	3/10	4/10	5/10	6/10	7/10	10/10	11/10	12/10	13/10	14/10
<b>DAY</b>										
<b>AM</b>										
<b>PM</b>										

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 28th of September**. Email [h2oholidays@uhcc.govt.nz](mailto:h2oholidays@uhcc.govt.nz)

#### Office Use Only:

Booking \_\_\_\_\_ Payment \_\_\_\_\_ WINZ to Pay \_\_\_\_\_ Invoice \_\_\_\_\_

Amount \$ \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_

Details Checked \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_