

Booking Information

Child's Name:

DOB: Age during programme: Gender:

Programme: Surf's Up (5-8) Hang Ten (9-13)

	5/1	6/1	7/1	10/1	11/1	12/1	13/1	14/1	17/1	18/1	19/1
Day											
AM											
PM											

	20/1	21/1	25/1	26/1	27/1	28/1	31/1	1/2	2/2
Day									
AM									
PM									

Parent/caregiver:

Relationship to child:

Email:

Work Phone:

Mobile Phone:

Emergency contact (alt to above contact)

Name:

Relationship to child:

Work Phone:

Mobile Phone:

Pick up authorisation (additional people authorised):

Name(s):

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 information 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: WINZ _____ Invoice _____ Credit or EFTPOS _____ Cash

To pay by invoice email h2oholidays@uhcc.govt.nz before 5pm 23.12.21

Office Use Only

Booking _____ Payment _____ WINZ to pay _____ Invoice

Amount: \$ _____ Staff: _____ Date:

_____ Details checked Staff: _____ Date: