

H2O Xstream Holiday Programme Booking Form

Child's Name: _____

DOB: _____ Age During Programme: _____ Gender: _____

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

	30/6 MON	1/7 TUE	2/7 WED	3/7 THUR	4/7 FRI	7/7 MON	8/7 TUE	9/7 WED	10/7 THUR	11/7 FRI
DAY 8am-5pm										
AM 7am-8am										
PM 5pm-6pm										

Parent/Caregiver Name: _____

Relationship to child: _____

Email: _____

Work Phone: _____

Mobile Phone: _____

Address: _____

Emergency Contact (Different from above)

Name: _____

Relationship to child: _____

Work Phone: _____

Mobile Phone: _____

Emergency Contact (Different from above)

Name: _____

Relationship to child: _____

Work Phone: _____

Mobile Phone: _____

Pick Up Authorisation (additional people authorised):

Names: _____

Please name anyone not authorised for pick up _____

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 _____ Eftpos/Credit _____ Cash _____

Office Use Only:

Booking _____ Payment _____ WINZ to Pay _____

Amount \$ _____ Staff _____ Date _____

Details Checked _____ Staff _____ Date _____