

## H2O Xtream Holiday Programme Booking Form

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

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

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

	14/4	15/4	16/4	17/4	18/4	21/4	22/4	23/4	24/4	25/4
	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI
<b>DAY</b> 8am-5pm										
<b>AM</b> 7am-8am										
<b>PM</b> 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 \_\_\_\_\_