

H2O Xtream Holiday Programme Booking Form

Child's Name: _____

DOB: _____ **Age During Programme:** _____ **Gender:** _____

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

	15/4	16/4	17/4	18/4	19/4	22/4	23/4	24/4	25/4	26/4
DAY 8am-5pm										
AM 7am—8am										
PM 5pm-6pm										

Parent/Caregiver Name: _____

Relationship to child: _____

Email: _____

Work Phone: _____

Mobile Phone: _____

Address: _____

Emergency Contact Name: _____

Relationship to child: _____

Work Phone: _____

Mobile Phone: _____

Emergency Contact Name: _____

Relationship to child: _____

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 or allergies.

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** _____