

## H2O Xstream Holiday Programme Booking Form

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

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

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

	30/9	1/10	2/10	3/10	4/10	7/10	8/10	9/10	10/10	11/10
<b>DAY</b> <small>8am-5pm</small>										
<b>AM</b> <small>7am-8am</small>										
<b>PM</b> <small>5pm-6pm</small>										

**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** \_\_\_\_\_