

Holiday programme booking form



www.capitalgymsports.org.nz

Please complete this form and send it to us with payment.

- Email the form to: office@capitalgymsports.org.nz
- Post the form to: Capital Gymsports, PO Box 7555, Newtown, or
- Bring the form to the gym and deliver to the office, or place in the slot in the office door

Bookings are not accepted unless accompanied with payment.

Child's name		Age	
Child's name		Age	
Child's name		Age	
Days attending List dates attending			
Parent's name			
Parent's email			
Address			
Parent's phone numbers	Home	Mobile	
	Work	Mobile	
Emergency contact person		Mobile	
Medical / special information eg allergies, medication			
Total payment & payment date \$37 per day for first child, \$32 per day for additional siblings			
Payment method Cash, eftpos, cheque or internet			

I give consent for my child to attend Capital GymSports holiday programme activities and replacement activities that may be needed. This occasionally includes using public transport and walking to venues. I will provide my child with the required equipment for each day, including food, sun hat and anything else required for the activities. I will inform Capital GymSports staff of any special conditions or medical information that may be required for my child. I agree to cooperate with Capital GymSports understanding that they will exercise due care but will not be liable for any injury or damage my child may sustain to his or her person or property. In the case of accident or illness, if considered advisable, I request that medical attention be secured at my expense and prompt notification be sent to me. I agree to photos being taken of my child, and used for display. I have read and agree to the conditions in this application, and will abide by the holiday programme policies.

Signature		Date
------------------	--	-------------

For internet banking, our bank account is: **03 0525 0197045 00.**

Put child's name in the reference field and "HP" in the particulars field.