**Holiday Programme Booking Form**

**April 2019**

**www.capitalgymsports.org.nz**

Please complete this form to register for the April 2019 holiday programme. We will be offering a FUN and an ADVANCED programme. If you wish to pick up your child later (5-5:30) please tick the late pickup box (L/P), this is an extra $10 per child, per day.

Please email your booking form to: office@capitalgymsports.org.nz

Your child is not fully enrolled until we have received payment.

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| --- | --- | --- | --- |
| **Childs Name** | **M/F** | **Age** | **DOB** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Days Attending** | **Dates** |
| **Please mark date and programme (FUN or EXCEL) attending** | Mon 15th April  | FUN EXCEL |  L/P | Mon, 22nd No holiday programme due to public holiday |
| Tues, 16th April | FUNEXCEL |  L/P | Tues, 23rd April | FUN EXCEL |  L/P |
| Wed 17th April | FUN EXCEL |  L/P | Wed 24th April | FUN EXCEL |  L/P |
| Thurs 18th April | FUNEXCEL |  L/P | Thurs 25th April No holiday programme due to public holiday |
| Fri 19th April No holiday programme due to public holiday | Fri, 26th April | FUN EXCEL |  L/P |
| **Parents/Guardians Details** |
| **Name** |  |
| **Email** |  |
| **Relation to Child** |  |
| **Phone Numbers** | **Home**  | **Mobile**  |
| **Work**  |  |
| **Emergency Contact Details** |
| **Name** |  |
| **Relation to Child** |  |
| **Phone Numbers** | **Home** |  **Mobile** |
| **Work** |  |
| **Medical/Special Information** |
| Has your child got any allergies, dietary restrictions, illnesses, or special medication? |  |
| **Payment Information** | **Fun Programme: $40 Late pick-up: $10****Excel Advanced Programme: $50** |
| **Payment Total Due** |  |
| **Payment Date** |  |
| **Payment Method**Cash, Eftpos, or Internet |  |
| I give consent for my child to attend Capital GymSports holiday programme activities. I will provide my child with the required equipment for each day, **including comfortable close-fitting clothes, clean socks for trampoline activities and food (morning tea, lunch, afternoon snack, and drink bottle).**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 details are as follows:

*Account Name: Capital Gymnastics*

*Account Number: 03 0525 0197045 00*

*Reference: Child’s name
Particulars: HP*

*Analysis Code: HP type (fun OR excel) + L/P*