**Holiday programme booking form**

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

**www.capitalgymsports.org.nz**

* Email the form to: office@capitalgymsports.org.nz
* 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Details** | **Child Name** | **M/F** | **Age** | **DOB** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Days Attending** | **Dates** | **Drop-Off Time** | **Pick-Up Time** |
| Circle date and programme attending | Monday 28th January FUN / ADVANCED |  |  |
| Tuesday 29th January FUN / ADVANCED |  |  |
| Wednesday 30th January FUN / ADVANCED |  |  |
| Thursday 31st January FUN / ADVANCED |  |  |
| Friday 1st February FUN / ADVANCED |  |  |
| **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 $40 per day, ADVANCED $50 per day. |
| **Payment Total Due** |  |
| **Payment Date** |  |
| **Payment Method**Cash, Eftpos, 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 details are as follows:

*Account Name: Capital Gymnastics*

*Account Number: 03 0525 0197045 00*

*Reference: Child’s name
Particulars: HP*

*Analysis Code: HP type (i.e. fun, advanced)*