**Holiday Programme Booking Form**

**July 2018**

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

**www.capitalgymsports.org.nz**

* Email the form to: [office@capitalgymsports.org.nz](mailto: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** | | | | |
| Please mark date and programme (FUN or EXCEL) attending | | Monday 9th July | FUN or EXCEL | Monday 16th July | | FUN or EXCEL |
| Tuesday 10th July | FUN or EXCEL | Tuesday 17th July | | FUN or EXCEL |
| Wednesday 11th July | FUN or EXCEL | Wednesday 18th July | | FUN or EXCEL |
| Thursday 12th July | FUN or EXCEL | Thursday 19th July | | FUN or EXCEL |
| Friday 13th July | FUN or EXCEL | **No holiday programme on Friday 20th July due to competition** | | |
| **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: $37 per day**  **Excel Advanced Programme: $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. 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)*