**Holiday Programme Booking Form**

**October 2018**

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** |
| **Please mark date and programme (FUN or EXCEL) attending** | Mon 1st October  | FUN or EXCEL | Mon, 8th October | FUN or EXCEL |
| Tues, 2nd October | FUN or EXCEL | Tues, 9th October | FUN or EXCEL |
| Wed 3rd October | FUN or EXCEL | Wed 10th October | FUN or EXCEL |
| Thurs 4th October | FUN or EXCEL | Thurs 11th October | FUN or EXCEL |
| Fri 5th October | FUN or EXCEL  | Fri 12th October | FUN or EXCEL |
| **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)*