**Pop Up Booking Form for Friday, 16th November**

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

* Email the form to: [office@capitalgymsports.org.nz](mailto:office@capitalgymsports.org.nz)
* Bookings are not accepted unless accompanied with payment ($37).

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| **Family Details** | | **Child Name** | | **M/F** | **Age** | **DOB** |
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|  | |  |  |  |
| **Parents/Guardians Details** | | | | | | |
| **Name** | |  | | | | |
| **Email** | |  | | | | |
| **Relation to Child** | |  | | | | |
| **Phone Number - Work** | | | **Phone Number - Mobile** | | | |
| **Emergency Contact Details** | | | | | | |
| **Name** | |  | | | | |
| **Relation to Child** | |  | | | | |
| **Phone Number - Work** | | | **Phone Number - Mobile** | | | |
| **Medical/Special Information** | | | | | | |
| Has your child got any allergies, dietary restrictions, illnesses, or special medication? | |  | | | | |
| I give consent for my child to attend Capital GymSports holiday programme activities and replacement activities that may be needed. 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** |  | |