**X-Mas 2018 Drop-In Holiday Programme Booking Form**

**www.capitalgymsports.org.nz**

Please complete this form and send it to us ([office@capitalgymsports.org.nz](mailto:office@capitalgymsports.org.nz)) with payment if you already know the specific times your child will be attending. You are welcome to drop in any day without prior booking and pay per hour.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Details** | | **Child Name** | **M/F** | **Age** | | **DOB** |
|  | |  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **Days Attending** | | **Dates** | **Drop-Off Time** | | **Pick-Up Time** | |
| Please circle date attending  (and indicate times if applicable) | | Monday 17th December |  | |  | |
| Tuesday 18th December |  | |  | |
| Wednesday 19th December |  | |  | |
| Thursday 20th December |  | |  | |
| Friday 21st December |  | |  | |
| **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** | | 1 hour - $12; 2 hours - $20; 3 hours - $27; 4 hours - $33; 5 hours - $38; 6 hours - $42; 7 hours - $45; 8 hours - $47; 9+ hours - $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: x-mas programme*