

H2O Xtream Holiday Programme Booking Form

Child's Name: _____

DOB: _____ **Age During Programme:** _____ **Gender:** _____

Programme: Surf's Up (5-8yrs) **Hang10 (9-13yrs)**

	Mon 6/1	Tue 7/1	Wed 8/1	Thu 9/1	Fri 10/1	Mon 13/1	Tue 14/1	Wed 15/1	Thu 16/1	Fri 17/1
DAY <small>8am-5pm</small>										
AM <small>7am-8am</small>										
PM <small>5pm-6pm</small>										

	Mon 20/1	Tue 21/1	Wed 22/1	Thu 23/1	Fri 24/1	Mon 27/1	Tue 28/1	Wed 29/1	Thu 30/1	Fri 31/1
DAY <small>8am-5pm</small>										
AM <small>7am-8am</small>										
PM <small>5pm-6pm</small>										

Parent/Caregiver Name: _____

Relationship to child: _____

Email: _____

Contact Phone Number: _____

Address: _____

Emergency Contact Name (Different from above): _____

Relationship to child: _____

Contact Phone Number: _____

Emergency Contact Name (Different from above): _____

Relationship to child: _____

Contact Phone Number: _____

Pick Up Authorisation (additional people authorized):

Names: _____

Please name anyone not authorised for pick up: _____

Medical Information:

If your child has medical requirements, please complete a supplementary medical information form.

My child has medical requirements.

I have completed the medical form.

Permission & Consent:

I have read and agree to the terms & conditions.

I give permission for a first aid trained staff member to administer first aid and seek emergency treatment if necessary.

I give consent for my child to participate in the H2O Holiday Programme activities.

I give permission for my child to be included in photography while participating in the holiday programme.

I give Upper Hutt City Council permission to use images of my child & I understand that images may be used in publications and promotional material.

I give permission for my child to leave the programme unsupervised and make their own way home at _____pm

Signed: _____ **Date:** _____

Payment:

Total Amount: \$ _____

Payment Type: WINZ _____ Eftpos/Credit _____ Cash _____

Office Use Only:

Booking _____ **Payment** _____ **WINZ to Pay** _____

Amount \$ _____ **Staff** _____ **Date** _____

Details Checked _____ **Staff** _____ **Date** _____