



Wanganui Boys and Girls Gym Club

Holiday Programme Enrolment Form

Jan 2019

	Age	Date of Birth			
Full names of Child/ren	Child 1: _____				
	Child 2: _____				
	Child 3: _____				
	Child 4: _____				
Main Contact Number					
Email					
Address					
Days Attending	Monday 7 th Jan <input type="checkbox"/>	Tuesday 8 th Jan <input type="checkbox"/>	Wednesday 9 th Jan <input type="checkbox"/>	Thursday 10 th Jan <input type="checkbox"/>	Friday 11 th Jan <input type="checkbox"/>
	Notes:				
	Monday 14 th Jan <input type="checkbox"/>	Tuesday 15 th Jan <input type="checkbox"/>	Wednesday 16 th Jan <input type="checkbox"/>	Thursday 17 th Jan <input type="checkbox"/>	Friday 18 th Jan <input type="checkbox"/>
	Notes:				
	Monday 21 st Jan Public Holiday	Tuesday 22 nd Jan <input type="checkbox"/>	Wednesday 23 rd Jan <input type="checkbox"/>	Thursday 24 th Jan <input type="checkbox"/>	Friday 25 th Jan <input type="checkbox"/>
	Notes:				
	Monday 28 th Jan <input type="checkbox"/>	Tuesday 29 th Jan <input type="checkbox"/>	Wednesday 30 th Jan <input type="checkbox"/>	Thursday 31 st Jan <input type="checkbox"/>	Friday 1 st Feb <input type="checkbox"/>
	Notes:				
	For office use only (amount + date)				
	Eftpos	/	/	/	/
	Cash	/	/	/	/

Parents/Guardians		
Name		
Place of Work		
Phone numbers	Work	Mobile
Name		
Place of Work		
Phone numbers	Work	Mobile
Other Contact People	(preferably living in the area)	
Name		Phone
Relationship to child (relative, friend etc.)		
Apart from Parents who is allowed to collect your child from the programme		
Is your child the subject of any custody or access orders	Yes No Details: _____ _____	
Has your child any allergies, dietary restrictions, special medication, illnesses	_____ _____ Doctors Name: _____ Phone: _____	
Is there anything else we should know about your child, special needs, particular interests etc.?	_____ _____	

Is your child(ren) swimming competent?
(i.e. can they swim in the large pool confidently)

Yes

No

☐ Please tick here if you **DO NOT** consent to your child's picture being used for publicity purposes i.e. Website, Facebook, promotional material etc.



Please Note: The fee is \$40 per day. A deposit is required in advance of booked dates. ALL bookings not cancelled before 10am on the day will be charged in full.

Indemnity

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

I/we the undersigned, in this application understand that participation in gymnastics and other sports involves movement, rotation and height in a unique environment. It carries with it a reasonable assumption of risk.

I/we agree that the leaders and instructors of The Wanganui Boys and Girls Gym Club and associated sports are indemnified and clear of all responsibility for any accident in connection arising whilst at The Wanganui Boys and Girls Gym Club and Springvale Park. In the event of accidents and illness, I/we authorize the Wanganui Boys and Girls Gym Club to obtain the necessary medical or other assistance as required and I/we agree to meet the expenses involved.

I/we agree to consent to my/our child being transported off site to travel to another venue, as the programme requires.

I agree to pay full fees as stipulated in the fees policy.

I will notify the Gym Club of any changes to enrolment information in a timely fashion.

I understand and declare that: -

My child is in good health and will advise the centre immediately in the event of any ailment likely or considered detrimental to the health of other participants.

That he/she will comply with all reasonable instructions of staff members of the Wanganui Boys and Girls Gym

That if he/she commits any act of misconduct that in the opinion of the Holiday Programme Manager is detrimental to other participants or the good name of the Club, or instructors, he/she will have his/her attendance terminated or suspended. There will be no refunds for suspension or terminations.

The club reserves the right to alter the programme without notice.

SIGNED _____ **DATE** _____

PLEASE INFORM THE PROGRAMME CO-ORDINATOR IF ANY OF THIS INFORMATION CHANGES