



Wanganui Boys and Girls Gym Club Holiday Programme Enrolment Form April 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	<table style="width: 100%; text-align: center;"> <tr> <td>Monday 15th Apr</td> <td>Tuesday 16th Apr</td> <td>Wednesday 17th April</td> <td>Thursday 18th Apr</td> <td>Friday 19th Apr Public Holiday</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	Monday 15 th Apr	Tuesday 16 th Apr	Wednesday 17 th April	Thursday 18 th Apr	Friday 19 th Apr Public Holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<i>Notes:</i>												
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<i>Notes:</i>													
<i>For office use only (amount + date)</i>													
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	<hr/> <hr/>	
Is your child the subject of any custody or access orders	Yes No Details: <hr/> <hr/>	
Has your child any allergies, dietary restrictions, special medication, illnesses	<hr/> <hr/> Doctors Name: Phone:	
Is there anything else we should know about your child, special needs, particular interests etc.?	<hr/> <hr/>	

Is your child(ren) swimming competent? Yes No
(i.e. can they swim in the large pool confidently)

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 9am on the day will be charged in full.

The programme collection time is 5.30pm. Any late pickups without notification will incur an extra \$10 cost, per 15 minutes.

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 **at least 1 day prior**.

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 INFORMATION CHANGES