# HOLIDAY PROGRAMME ENROLMENT FORM (Summer)

Auckland Council
Te Kaunihera o Tāmaki Makaurau

## SECTION ONE: Programme information

*We are working hard to become a more inclusive programme provider and we do not want anyone to miss out. Please provide as much information as possible in the below sections to ensure we can create a quality experience that all participants can enjoy.*

Child 1: Age group Please choose -

| | | | | | |
|---|---|---|---|---|---|
| Wk 1: | | | | ◯ Thurs | ◯ Fri |
| Wk 2: | ◯ Mon | ◯ Tues | ◯ Wed | | |
| Wk 3: | | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |
| Wk 4: | ◯ Mon | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |
| Wk 5: | ◯ Mon | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |
| Wk 6: | ◯ Mon | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |

Child 2: Age group Please choose -

| | | | | | |
|---|---|---|---|---|---|
| Wk 1: | | | | ◯ Thurs | ◯ Fri |
| Wk 2: | ◯ Mon | ◯ Tues | ◯ Wed | | |
| Wk 3: | | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |
| Wk 4: | ◯ Mon | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |
| Wk 5: | ◯ Mon | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |
| Wk 6: | ◯ Mon | ◯ Tues | ◯ Wed | ◯ Thurs | ◯ Fri |

**Total programme cost: $**

## SECTION TWO: Participant and Parent/Caregiver details

Child 1: Name: Date of birth:

Medical conditions, medications or allergies? Gender: ◯ Male ◯ Female

Behavioural, special/cultural needs?

School: Child's first language?

Child 2: Name: Date of birth:

Medical conditions, medications or allergies? Gender: ◯ Male ◯ Female

Behavioural, special/cultural needs?

School: Child's first language?

### Parent/Caregiver details

Parent/caregiver 1: Relationship to child:

Address (home):

Home phone: Work phone: Mobile:

Email address (personal): Email address (work):

I would like to receive marketing and promotional communications ◯ Yes ◯ No

Family doctor: Phone number/s:

### Emergency contacts (Mandatory – must be different to Parents/Guardians):

Name: Relationship to child: Phone:

Name: Relationship to child: Phone:

### Person/s authorised to collect my child/ren

Name: Relationship to child: Phone:

Name: Relationship to child: Phone:

Name: Relationship to child: Phone:

### Person/s denied access to my child/ren (please provide copy of the court order):

Name: Relationship to child:

Name: Relationship to child:

## SECTION THREE: Authorisation/consent

◯ **SWIMMING AUTHORISATION** (if applicable): I confirm that my child/ren can participate in swimming activities. Children aged 10yrs and under will swim in the learners/small pool unless they can confidently swim one length of the main pool, as assessed by our Pool Lifeguards.

◯ **PROMOTIONAL PHOTO DISCLAIMER**: I give permission for any photos and/or videos of my child/ren taken during the programme to be used in publications and social media for promotional purposes.

I have read and agree to the Terms and Conditions.

Name: Signature:

◯ ONLINE ENROLMENT SUBMISSION ONLY
Please download and fill in this form. By clicking this check box, you agree to the Terms and Conditions and this form will be emailed to Allan Brewster Leisure Centre. Please note your booking will not be confirmed until payment has been received.