

## CHILDREN'S DETAILS

Name:	Age:	Gender: (please circle) m / f
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### Contact 1: *MUST COMPLETE ALL 3 CONTACTS*

Name:	Relationship to Child:
Address:	
Email:	Phone Number:

### Contact 2:

Name:	Relationship to Child:
Address:	
Email:	Phone Number:

### Contact 3:

Name:	Relationship to Child:
Address:	
Email:	Phone Number:


### OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILD (if any)

Name:	Contact Number:
Name:	Contact Number:


### DOCTOR'S DETAILS

Family Doctor:	Contact Number:
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#### WAIBOP FOOTBALL COACHING CLINIC | 6 - 13 yrs | 9.30am to 3pm

Wednesday 10 October 2018	ASB Arena	\$35	<input type="checkbox"/>	
Thursday 11 October 2018	ASB Arena	\$35	<input type="checkbox"/>	

#### TAURANGA CITY BASKETBALL COACHING CLINIC | 6 - 13 yrs | 9.30am to 3pm

Wednesday 10 October 2018	ASB Arena	\$35	<input type="checkbox"/>	
Friday 12 October 2018	ASB Arena	\$35	<input type="checkbox"/>	

#### IMPACT SPORTS GYMNASTICS FUN DAY | 6 - 13 yrs | 9.30am to 3pm

Tuesday 9 October 2018	Pavilion 1	\$35	<input type="checkbox"/>	
Friday 12 October 2018	Pavilion 1	\$35	<input type="checkbox"/>	

TOTAL MONEY OWED

**MEDICAL INFORMATION**

Does your child have any particular medical or health needs, or any other conditions/special requirements (e.g. allergies, asthma, medical conditions, custody arrangements, behaviour issues, etc.)? Please tick, and give details below if you ticked YES.

YES If YES please give details here

NO

**PARENT CONTRACT**

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.

1. I give consent for my child(ren) to attend/ participate in the ASB Arena Holiday Programme.
2. I have read and understand the enrolment information.
3. The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
4. I agree to pay the fees as stipulated prior the program days.
5. Upon enrolment it is agreed that all care will be taken with my child in accordance with the holiday programme policies and procedures and I will not hold ASB Arena Baypark liable for injury or accident or loss of possessions.
6. I will sign my child into the programme upon arrival at the programme and out again when I collect my child.
7. Absences notified 2 full working days prior to attendance for holiday programme may be credited or refunded. Failure to inform ASB Arena Baypark will incur the full cost of the intended booking.  
Refunds/ credits will not be given for absences due to illness on the day unless a medical certificate is provided or at the discretion of the Programmes Manager.
8. I give permission for my child(ren) to be photographed **(Please circle)**    **Yes**                      **No**

**Name of parent:**

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**Parent Signature:**

**Date:**

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The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal informations requested will be destroyed at the completion of your child’s time in the programme. You are welcome to review information pertaining to your child’s enrolment at any time.

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You are welcome to pay the fees prior the program days over the phone with your Visa or MasterCard details otherwise personally coming to the ASB Arena Baypark. Opening hours are Monday to Friday from 8:30am to 10pm and Weekends from 9am to 6pm.

If paying by Cheque please make the cheque payable to **“Bay Venues Limited”**

Direct credits can also be made to Bay Venues Ltd. 12-3217-0142820-03.

Please use your CHILDS name and which program you are enrolling your children in for easy reference **(e.g. ASB HP - ROSS - NETBALL)**

Please notify the us by email at [baykidsactive@bayvenues.co.nz](mailto:baykidsactive@bayvenues.co.nz) when direct credits are lodged, by sending a remittance slip. Payments will not be confirmed until they appear on our bank statement; please keep a record of payment as evidence.

**WINZ PROGRAMME SUBSIDIES**

- Are you applying for a WINZ subsidy?                       Yes
- Is the correct paper work enclosed?                       Yes     No

By signing this registration form I understand that if for whatever reason my WINZ application is declined or only partially paid that I am liable for the remaining costs of registering my child(ren) in the ASB Arena School Holiday Programme.

WINZ paperwork must be brought into ASB Arena Baypark to be signed off prior to the programme.

**PAYMENT DETAILS (OFFICIAL USE ONLY)**

Date	Amount Paid	Cash/Eft/Chq/Online	In Links	On Register	Programme Paid For

**WHAT YOUR CHILD WILL NEED FOR THE DAY:**

- ✓ Morning and Afternoon Tea
- ✓ Lunch
- ✓ Running Shoes
- ✓ Comfortable sports clothing