



# HOLIDAY PROGRAMME

## REGISTRATION DETAILS

Please sign me up for (tick the correct box)

Tuesday 20<sup>th</sup> December – Friday 23<sup>rd</sup> December 2011

- Tuesday 20<sup>th</sup> December (9am to 1pm) \$25   
(Environment Day)
- Wednesday 21<sup>st</sup> December (9am to 1pm) \$25   
(Fairy Tale / Adventure Day)
- Thursday 22<sup>nd</sup> December (9am to 1pm) \$25   
(Wet and Wild)
- Friday 23<sup>rd</sup> December (9am to 1pm) \$25   
(Christmas Party Day)

We do take photos for our notice board. Please advise if you do not want your child included in these.

All Sessions held at Harbour City GymSports, Hataitai Park, Ruahine Street, Hataitai

Send to: Harbour City GymSports  
PO Box 14 034, Wellington 6241  
office@hcg.org.nz

- Yes, I have enclosed payment of \$\_\_\_\_\_ Please make cheques to Harbour City Gymsports Inc
- Yes, I have paid \$\_\_\_\_\_ by direct credit to:  
Bank: ASB  
Acc no: 12-3174-0258558-00

Please include your child's NAME and reference of HOL PROG in the payment particulars and please email advice of payment to [office@hcg.org.nz](mailto:office@hcg.org.nz)

How do I send my registration form in?

Email  
[office@hcg.org.nz](mailto:office@hcg.org.nz)

or  
Mail  
Harbour City GymSports Inc  
PO Box 14 034  
Wellington 6241

CHILD/REN NAME/S \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AGE

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARENT/GUARDIAN NAME  
 \_\_\_\_\_

PHONE (Hm): \_\_\_\_\_ (Wk) \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEDICAL INFORMATON / CONDITION (eg asthma, diabetes, allergic reactions)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMERGENY CONTACT: \_\_\_\_\_  
 Phone: \_\_\_\_\_

FAMILY DOCTOR:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for my child to attend Harbour City GymSports holiday programme. I will inform Harbour City GymSports staff of any special conditions or medical information that may be required for my child. I have accepted and understand the inherent risk of danger and injury in physical activities such as gymnastics and trampoline which involve movement, rotation and height in a gym environment. In the case of an accident or illness, if considered advisable, I request that medial attention is secured at my expense and prompt notification is sent to me. I have read and agree to the conditions in this application, and will abide by the holiday programme policies.

Parent/Guardian signature: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_