

December Holiday Programme 2020

<u>FAMILY DETAILS</u> Full names of child/ren	Name	M/F	Age	Date of birth
Home phone number				
Email				
Home address				
Sessions attending	Please underline which week week 1 week 2			
	Please underline which day/s: Wk 1. Mon Tues Wed Thurs Fri			
	Wk 2. Mon Tues Wed Thurs Fri			
Start & finish times	(eg: 7.00 am– 6pm)			
Parents/ Guardians information.				
Mothers Name				
Place of work				
Phone numbers	Work	Home		
	Mobile			
Fathers Name				
Place of work				
Phone numbers	Work	Home		
	Mobile			
Other contact people (one person, preferably living in the area)				
Name		Phone		
Relation to child		Mobile		

Apart from parents who else is allowed to pick up your child?				
Is your child the subject of any custody or access orders?				
Has your child any allergies, dietary restrictions, illnesses or special medications?				
Is there anything else we should know about your child, special needs, cultural needs, etc?				
Ethnic background				
Please circle 'yes' if you give your consent for photos of your child/ren taken during the course of the programme to be used for advertising purposes				YES / NO
I heard about GymCity through:	Newspaper	Word of mouth	Phone book	Other

Parent contract:

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

- I have read and understand the enrolment form and GymCity's rules for gymnasts.
- In the event of an emergency or accident I consent to GymCity staff taking whatever steps are necessary, including giving first aid and if required calling an ambulance at my cost, to ensure the safety and well being of my child/ren,
- I will notify the supervisor of any changes to the enrolment information.
- I consent to the collection and holding of these details by the Papatoetoe Gymnastic Club (Inc) for the purpose of registration and administration, and to enable the Club officials to supply information where and when requested by funding bodies and /or Gymsport Manukau Regional Service Centre and/or New Zealand Gymnastics. I understand the Club will not provide these personal details to any other organisation without obtaining my consent. I acknowledge my right to access and correct this information. This consent is given in accordance with the Privacy Act 1993.
- I will notify GymCity if any of the above information changes.

PARENT'S / GUARDIAN'S SIGNATURE..... DATE

Digital Consent Form (alternative to signature):			
First Name		Last Name	
I consent to the above terms (write yes/no)		Date	