

QO 110: OUT OF SCHOOL PROGRAMME ENROLMENT FORM

Please take the time to complete this form fully and remember to sign it. Incomplete or unsigned forms will be returned. Please read the parent information sheet before completing.

Full Name of Child		Date of birth	Gender	T-shirt size*		
*T-chirt s	sizes available: 4-6 / 8-10	/ 12-14 / Small	/ Medium / Larg	e / YI / 2YI / 3Y	 	
1-3111113	11263 available: 4-0 / 0-10	/ 12-14 / Oman	, mediani , Larg	C KL ZKL OK	-	
Parent/Caregiver Name						
Email						
Address	-					
Phone numbers			Mobile:			
	Work:		_			
Alternative contac	t(s) in the event of an em	iergency				
Full Name		Full Na	Full Name			
Home Phone		Home I	Home Phone			
Work Phone		Work P	Work Phone			
Mobile Phone		Mobile	Mobile Phone			
Relationship		Relationship				
Please state the na unauthorised pers	ame (s) of other people a ons.	uthorised to pi	ck up your child	. We will not rel	ease your ch	
Full Name			Contact phone			

***** Turn over to complete the rest of the form and sign *****

I authorise my child to leave at the end of the day/session unaccompanied (Please tick if

Or,

required)

Health Information - list any information concerning your child(ren)s health that we need to know about, eg allergies (including food, bee stings etc), medical conditions, injuries. Tell us if your child(ren) self-medicates, e.g. asthma inhaler. The head coach will safely keep your child(ren)'s medication. Coaches cannot help to administer medications unless you give us permission – please ask for a permission form if needed.

Child's Name	ild's Name Health Details					
Any other relevant information – tell us about special needs, cultural requirements or anything else you think we need to know						
<u>Fees</u>						
8 years and over (Full Camp)		Under 8 years (half days):				
\$180 / \$162 for Community Services Card holders		\$115 / \$99	for Community Service Card holders			
\$50 deposit per child is required to secure a place. Minimum payment is the \$50 deposit. Full fee must be paid before camp unless an OSCAR subsidy has been claimed.						
Will you be claiming an OSCAR subsidy?		Community Services card?				
Payment enclosed = \$	cash	cheque	internet banking			
Community services card holders - Please present your card at our office or on the first morning of camp. Failure to do this will mean you will be required to pay the standard fee less anything already paid before your child can enter camp.						
 I understand that the staff and management will not be held responsible or liable for any damage or loss of property belonging to my child. I acknowledge that any medical expenses resulting from an accident, while my child is present at the programme will be my financial responsibility. I give permission for the programme supervisor or suitably qualified staff to administer first aid and/or arrange any necessary urgent medical attention at my cost I acknowledge that I have been given a copy of Out of School Programme: Parent Information 						
Name of Parent/Caregiver: (Please print clearly)						
Signature: (can be typed)			Date:			

Occasionally Basketball Hawkes Bay staff may take photos/video of the children to record activity at camp or for promotional use. Please tick the box if you do **not** wish your childs(rens) photo to be published in any of our promotional material (including the website)

All costs incurred in the collection of overdue accounts will be payable by the signatory