

Registration General Information



YMCA

SCHOOL HOLIDAY PROGRAMME

Register & Pay Online at www.ymcatauranga.org.nz

PLEASE COMPLETE THE GENERAL INFORMATION SECTION TO REGISTER YOUR CHILD FOR A HOLIDAY PROGRAMME

My child's records are already on file (If yes, please fill in any changed details) Yes No

First Child's Name: _____ Second Child's Name: _____

Age: _____ DOB: / / Sex: M F

Age: _____ DOB: / / Sex: M F

Ethnicity: _____ School Attending _____

Ethnicity: _____ School Attending _____

Swimming Ability: Beginner Competent Advanced

Swimming Ability: Beginner Competent Advanced

Child Doctor: _____ Doctor Ph: _____

Child Doctor: _____ Doctor Ph: _____

PARENT CONTACT DETAILS

1st Parent/Caregivers Name: _____ 2nd Parent/Caregivers Name: _____

Address: _____ Address: _____

Home Ph: _____ Mobile: _____ Home Ph: _____ Mobile: _____

Work Ph: _____ Date of Birth: _____ Work Ph: _____

Email: _____ Email: _____

ALTERNATIVE EMERGENCY DETAILS | Two additional emergency contacts required

1: Emergency Contact (Alternative to Parent/Caregiver)

2: Emergency Contact (Alternative to Parent/Caregiver)

Name: _____ Name: _____

Phone: _____ Mobile: _____ Phone: _____ Mobile: _____

Relationship to Child: _____ Relationship to Child: _____

OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILD (someone other than yourself)

Name 1: _____ Name 2: _____

Special instructions on collection and access to child: _____

HEALTH DETAILS | Please provide your child's health details

Please select if your child has or regularly suffers from :

Migraines Diabetes Nose Bleeds Epilepsy Asthma

Travel Sickness Heart Condition ADHD ADD Fits

Other (Specify): _____

Does your child currently take any medication or are they required to carry prescription medication: Yes No

If yes please provide details: _____

Condition: _____

Name of Medication: _____

Dosage and times to be taken: _____

Consent is given to administer any medication in the required dosage stated on the medical form: Yes No

Is there any information that would be helpful for staff to know to ensure the physical and emotional safety of your child? (for example cultural practices or disabilities)

Has your child had any major injuries (breaks, fractures or strains), or illnesses (glandular fever etc) in the last six months that may limit full participation in any activities? Yes No If yes please provide details: _____

Does your child have any allergies? Yes No

If yes please provide details: _____

What pain/flu medication may your child be given if required: _____

To the best of your knowledge has your child been in contact with any contagious or infectious diseases or viruses in the last 4 weeks? Yes No If yes please provide details: _____

Parent/Caregiver: _____
Please Print Name

Signed: _____ Date: _____

Registration

Programme Registration form



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MT MAUNGANUI FOOTBALL CLUB

Gate Pa Primary

9-13 YEARS ONLY

5-8 Years Only

Date of attendance

Total Cost

9-13yrs

5-8yrs

Mon 18th Dec	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Tues 19th Dec	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Wed 20th Dec	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Thurs 21st Dec	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Fri 22nd Dec	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Monday 25 Dec	CLOSED	CLOSED		
Tues 26th Dec	CLOSED	CLOSED		
Wed 3rd Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Thurs 4th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Fri 5th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Mon 8th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Tues 9th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Wed 10th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Thurs 11th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Fri 12th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Mon 15th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Tues 16th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Wed 17th Jan	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>		
Thurs 18th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Fri 19th Jan	\$50 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Mon 22nd Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Tues 23rd Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Wed 24th Jan	\$50 <input type="checkbox"/>	\$50 <input type="checkbox"/>		
Thurs 25th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		
Fri 26th Jan	\$48 <input type="checkbox"/>	\$48 <input type="checkbox"/>		

\$ _____

\$ _____

If paying via internet amount \$ _____ Date of payment _____

