



Manukau Leisure

AMP'd Holiday Programme Enrolment Form



Sessions

16th - 27th January 2012

Meeting Point

Which centre will you meet at each morning?

Allan Brewster Recreation Centre
Tavern Lane
Papatoetoe

Moana-Nui-ā-Kiwa Leisure Centre
Corner Mascot Ave and Waddon Place
Mangere

Otara Leisure Centre
Newbury Street
Otara

Te Matariki Clendon Community Centre
17 Palmers Road
Clendon

Youth Details

Name: _____ Date of Birth: _____ Gender: Male Female

Address: _____

Ethnicity: European Maori Pacific Island Asian Other

Email: _____

Tick here if you would like to receive regular updates and promotional offers from Manukau Leisure Services Ltd. You can unsubscribe at any time.

Medical

Do you suffer from any medical conditions, illnesses or allergies? Yes No

If YES, please specify:

Doctor's Name: _____ Phone: _____

Dietary Considerations: _____

Details of Parents / Guardians

Father/Guardian Name: _____ Date of Birth: _____

Address: _____

Phone (h): _____ Phone (m): _____ Phone (w): _____

Fax: _____ Email: _____

Mother/Guardian Name: _____ Date of Birth: _____

Address: _____

Phone (h): _____ Phone (m) _____ Phone (w): _____

Fax: _____ Email: _____

PTO for further details (all sections must be completed)

Person/s authorised to collect my child & emergency contact phone numbers

1. Name: _____	Relationship: _____	Phone: _____
2. Name: _____	Relationship: _____	Phone: _____
3. Name: _____	Relationship: _____	Phone: _____

How do you intend to get home?

Walk Pick Up Public Transport

Please provide details of those persons who are denied access to your child (please provide a copy of the court order):

Programme Policy and Parents Permission

1. I give permission for my child to participate in the programme. I have explained to my child the need to follow safety instructions, remain in area's designated by staff and refrain from behaviour that could cause injury. I acknowledge that my child and I bear the responsibility and risk of my child participating in the activities if instructions are not followed.
2. I understand that MLSL centres are public places and from time to time may utilise photographic material (still photography) of programmes and activities into advertorial material, these photos may include users of our programmes. I also understand that additional media outlets may use photographs of events or activities for the purpose of profiling an event or centre which may incorporate my children.
3. In the event of sickness or accident, I request that appropriate medical assistance be obtained at my expense and that I be notified promptly.
4. I give permission for my child to be uplifted from the designated pick up point.
5. I give permission for my child to be taken off premises for extra-curricular activities.
6. I have read and understood the conditions of enrolment. I have been given the opportunity to read all centre policies.
7. I will notify staff if there are to be any changes to the above bookings as soon as possible.
8. I acknowledge that any lateness on my behalf in picking up my child/ren may compromise the safety of my child/ren if outside programme hours.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Date entered into session: _____	Registration Confirmation No: _____
Receipt No: _____	Date Customer Notified: _____
Staff Signature: _____	By: phone / post Please circle one

Manukau Leisure Services Ltd, PO Box 97549, Manukau City 2240, New Zealand

Allan Brewster Recreation Centre	Phone: 09 262 5965	Moana-Nui-ā-Kiwi Leisure Centre	Phone: 09 275 8979
Clendon Community Centre	Phone: 09 269 0500	Otara Leisure Centre	Phone: 09 274 6917
Howick Recreation Centre	Phone: 09 534 5153	Pakuranga Recreation and	Phone: 09 576 9739
Manurewa Recreation Centre	Phone: 09 267 4646	Youth Centre	