P O Box 4527, Mt Maunganui 3149

New Zealand

phone NZ: +64 7 572 4118 mobile NZ: +64 274 194 680 email admin@zealandiertours.com

Last Name:

First name:

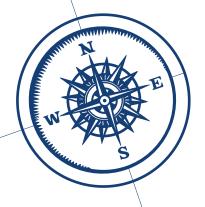
Zealandier Tours

GST#: 093 -773 - 861

SCHOOL HOLIDAY ACTIVITES PROGRAMME ENROLMENT FORM

CHILD INFORMATION

Middle Name/s:				
Birth date:				
PARENT/ GUARDIAN INFORMATION				
(1) Last name:	First name:			
Relationship to child:				
Address:				
City:	Mobile ph:			
Home ph:	Work ph:			
Email:				
(2) Last name:	First name:			
Relationship to child:				
Address:				
City:	Mobile ph:			
Home ph:	Work ph:			
Email:				
	'			



TERMS & CONDITIONS

The information collected in this form is for purposes of service delivery & safety only.

- Children must be signed into the program each day and signed out on collection each day.
- Children will NOT be released to any person not named on registration form.
- There are two collection /drop of points Baywave Carpark at Bayfair (8am & 5pm) and Tauranga Boys College carpark (8.30am & 5.30pm).
- If your child is ill please do not send them for the day.
- If your child's behaviour compromises the safety of other children, we reserve the right to remove your child from the group.
- We reserve the right to alter / amend the advertised program on the day due to unforeseen circumstances i.e.- bad weather etc.
- Please ensure you supply sufficient food & fluid for your child for the day. Sunhats, jackets
 & shoes are essential.

PERMISSIONS:

A LITUODIC ATION FOR DICK LID

I give permission for my child to be photographed and used on our website

YES / NO

I give permission for sunblock to be applied to my child

YES / NO

AUTHORISATION FOR PICK UP				
Your child will <u>only be released</u> to an authorised person listed on this form (parent/ guardian and/or emergency contact). In case of an emergency or in unforeseen circumstances, please indicate the name, address and phone number of any other person/s who you authorise to pick up your child on your behalf.				
Name:				
Address:				
Ph:				
Name:				
Address:				
Ph:				
Name:				
Address:				
Ph:				

EMERGENCY CONTACT				
Name:				
Ph number/s:				
MEDICAL INFORMATION				
Doctor:	Office ph:			
Address:				
City:	Postal code:			
Allergies:				
Medical problems:				
Medication:				
EMERGENC	Y CONSENT:			
It is our policy to notify parents when a child is ill or needs medical attention. Occasionally we cannot contact a parent and need to get immediate assistance for the child. In such a case, our policy is to take the child to the nearest emergency service centre.				
Please sign below so that we can take approp	riate action for your child if needed.			
I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD WHEN ILL/INJURED TO BE TAKEN TO THE NEAREST EMERGENCY CENTRE BY THE STAFF OF ZEALANDIER NZ SCHOOL HOLIDAY PROGRAM WHEN I/WE CANNOT BE CONTACTED.				
I FURTHER CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY.				
I FURTHER AGREE TO PAY ALL COSTS INCURRED I	OR TRANSPORT/MEDICAL FEES.			
Parent Name:				
Parent signature:				
Date:				

DAYS OF ATTENDANCE: WEEK ONE (Please Tick the Appropriate Box)				
Monday 16.04.18	Rotorua Skyline Gondola & Luge. Includes one luge ride and BBQ. Additional rides at extra cost.			
Tuesday 17.04.18	Hamilton Zoo Visit & McLaren Falls.			
Wednesday 18.04.18	Rotorua Treetops walk, forest & lakes visit. Includes BBQ.			
Thursday 19.04.18	Manukau Butterfly Creek and Dinosaur Kingdom.			
Friday 20.04.18	3D Trick Art and Rotorua highlights. Includes BBQ.			
DAYS OF ATTENDANCE: WEEK TWO				
Monday 23.04.18	Velodrome / Gallagher Bike Skills Park. Includes BBQ.			
Tuesday 24.04.18	Rainbow Springs & Big Splash Boat Ride. Includes BBQ.			
Wednesday 25.04.18	ANZAC Rememberance - CLOSED			
Thursday 26.04.18	AMAZEME – good old-fashioned family fun time. Includes BBQ.			
Friday 27.04.18	Clydesdales & Pony rides. Includes BBQ.			

PAYMENTS

Payment may b We will email yo	,	ount or by credit card on our online shop.
I wish to pay:	☐ Directly into bank account	☐ By Visa or Mastercard

Please complete, scan and email this form to:

admin@zealandiertours.com

Any queries please phone us on:

07 572 4118 or 0274 194 680