



COUNTIES MANUKAU RUGBY FOOTBALL UNION SCHOOL HOLIDAY PROGRAM



Tuesday 10th - Friday 13th July - Pukekohe High School

Surname: _____ School Attending: _____

Childs Name (1) _____ M / F DOB ____ / ____ / ____ Year: _____

How many years played tackle Position: _____

Surname: _____ School Attending: _____

Childs Name (1) _____ M / F DOB ____ / ____ / ____ Year: _____

How many years played tackle Position: _____

Parent / Guardian: _____ Mobile: _____

Email: _____ Work #: _____

Parent / Guardian: _____ Mobile: _____

Email: _____ Work #: _____

Postal Address: _____

Post Code: _____

Who has permission to collect your children:

Please tick this box if there are any persons, by law, that are forbidden to have access to the child or have a right of access to the child that is subject to conditions. (Legal documentation supporting this must be provided for the Supervisor to sight)

Does your child have any particular health needs or are they on any medication that we should be aware of? Or is there anything else we should know in order to take good care of your child?

Counties Manukau has my permission to use any photo's taken of my child/ran while attending their holiday programme, which is to be used for publication and / or promotional purposes only. If no preference is circled we will take it as a YES YES / NO

When completed please email form back to kelly.flavell@steelers.co.nz

Payments are to be made to:

Counties Manukau Rugby Union - 02 0404 0103655 00

please include your childs first and last name as a reference

I acknowledge that any wilful damage to equipment or property caused by my child /ren or additional costs incurred will be my liability. I recognise that the staff will do their best to ensure a safe experience for my child /ren. I acknowledge that Counties Manukau Rugby staff and volunteers will be free and clear of all liability in the event that any injury, damage or loss is sustained to my child or their personal effects. I give permission for child/ren for first aid or medical attention to be sought if required for my child and agree to pay associated costs. I give permission for my child to be taken to an alternative location eg civil defence centre in the event of an emergency situation. If anyone other than a person listed on my enrolment form is to collect my child I will notify CMRFU. I will not bring my child to the centre in the event of sickness and accept that the Supervisor may not accept children for care if they appear unwell. I agree to collect my child/ren in the event of CMRFU calling me to let me know my child/ren are unwell. Any fees that remain unpaid will be forwarded to a Collection Agency & will incur Collection Costs.

Parent / Guardian Signature: _____ Date: ____ / ____ / ____