

Sir Peter Blake MERC **School Holiday Programme** Registration Form

Monday 16th – Friday 20th January & Monday 23rd – Friday 27th January 2012

NOTE - Our programme is designed for children aged between 7 – 12years (inclusive). We regret that due to the nature of the programme we are unable to accept children outside of this range.

Please complete one form per child.

Participant's Name:		Age:	
Address:			
School:	School Year:		
Parents Name(s):			
Home Phone:	Family e-mail:		
Primary Contact:	Telephone:		
<i>If a child becomes ill it is vital that we are able to contact someone. Please also provide mobiles where appropriate.</i>			
Alternative Contact:	Telephone:		
Doctor:	Telephone:		

IMPORTANT – The following information is critical if we are to care for your child. Please provide additional details in the box on the right where appropriate & continue on an additional sheet if necessary.

Is participant generally a healthy child?	YES / NO	
Are tetanus injections up to date?	YES / NO	
May child be given a panadol tablet, if required?	YES / NO	
Does participant require regular medication?	YES / NO	
Does participant have any allergies, for example to medication, food, bee stings etc?	YES / NO	
Does participant have any medical conditions such as diabetes, heart abnormalities, epilepsy or asthma?	YES / NO	
Does participant have any physical or intellectual disabilities?	YES / NO	
Are there any other concerns that might affect the child's active participation in activities, for example recent ear infections, back problems, fear/anxiety?	YES / NO	
While it is NOT a requirement for participation, please indicate the following:		
Participant can confidently swim 25m.	YES / NO	
Participant is confident in deep water.	YES / NO	

I approve of my child attending MERC and they are able to participate in all presented activities. In the event of an accident or illness I authorise MERC to obtain any such medical assistance as considered appropriate by MERC staff. MERC staff will provide full safety briefings to all participants. It is the responsibility of participants to follow these instructions to minimise risk of injury.

Name:		Date:	
(Parent / Caregiver)			

Costs - \$35 per day, book for full week \$140 & receive 1 day free

Please book my child for the following days:		I will be paying by:
<input type="checkbox"/> Monday 16 th January	<input type="checkbox"/> Monday 23 rd January	<input type="checkbox"/> Cash (in person)
<input type="checkbox"/> Tuesday 17 th January	<input type="checkbox"/> Tuesday 24 th January	<input type="checkbox"/> Cheque (payable to MERC)
<input type="checkbox"/> Wednesday 18 th January	<input type="checkbox"/> Wednesday 25 th January	<input type="checkbox"/> EFTPOS (in person)
<input type="checkbox"/> Thursday 19 th January	<input type="checkbox"/> Thursday 26 th January	<input type="checkbox"/> Internet Banking *(see below)
<input type="checkbox"/> Friday 20 th January	<input type="checkbox"/> Friday 27 th January	<input type="checkbox"/> Credit Card (add \$7.50 processing fee)

*** Details for Internet Banking – Sir Peter Blake MERC, ASB Browns Bay, 12-3080-0084905-00**

Please return completed form and full payment to:

MERC, PO Box 35-119, Browns Bay, North Shore City 0753

Fax: (09) 473 1945 Tel: (09) 473 0714 ext. 201 E-mail: office@merc.org.nz