



**April 2012  
School Holiday  
Programme  
REGISTRATION DETAILS**

**I want to sign up for (tick the correct box)**

**Tuesday 17 April 2012**

- Yr 5 to 6** (10.00am – 12.00 noon) **\$25.00**   
**Yr 7 & 8** (1.00pm – 3.00pm) **\$25.00**

**Wednesday 18 April 2012**

- Yr 5 to 6** (10.00am – 12.00 noon) **\$25.00**   
**Yr 7 & 8** (1.00pm – 3.00pm) **\$25.00**

**Thursday 19 April 2012**

- Yr 5 to 6** (10.00am – 12.00 noon) **\$25.00**   
**Yr 7 & 8** (1.00pm – 3.00pm) **\$25.00**

**Full 3 days @ 1 session per day**

- Yr 5 to 6** (10.00am – 12.00 noon) **\$65.00**   
**Yr 7 & 8** (1.00pm – 3.00pm) **\$65.00**

**REGISTRATIONS CLOSE 4 April 2012** - Fees must accompany registration form to confirm booking and spaces are limited to 30 per session so be in quick.

Send to: **Kapi Mana Netball Centre**  
 PO Box 50219, Porirua 5002 or email  
[centremanager@kapimananetball.org.nz](mailto:centremanager@kapimananetball.org.nz)

- Yes, I have enclosed payment of \$\_\_\_\_\_ **Please make cheques Kapi Mana Netball Centre**
- Yes, I have paid \$\_\_\_\_\_ by direct credit to:  
**Bank:** Westpac  
**Branch:** Porirua  
**Acc no:** 030547 0901961 00

Please include your **NAME** and reference of **HOL PROG** as the payment particulars and please email advice of payment to [centremanager@kapimananetball.org.nz](mailto:centremanager@kapimananetball.org.nz) Or Fax 04 2370191

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Parent/Guardian**

**Name of Parent:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PLAYER MEDICAL HISTORY**

**NAME OF PLAYER:** \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

**Name:** \_\_\_\_\_

**Relationship to player:** parent/caregiver/other

(specify) \_\_\_\_\_

**Phone numbers: (at the time of session)**

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**ALTERNATIVE CONTACT:**

**Name:** \_\_\_\_\_

**Relationship to player:** parent/caregiver/other

(specify) \_\_\_\_\_

**Phone numbers: (at the time of session)**

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**MEDICAL CONDITION:** (eg asthma, diabetes, allergic reactions)

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS:** (prescribed and/or over the counter)

\_\_\_\_\_

\_\_\_\_\_

**FAMILY DOCTOR:**

**Name:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**I consent to the collection of the above details for use should any medical treatment be required for any injury or condition I may sustain while involved in activities related to my sport. I acknowledge my right to access and correct this information. This consent is given in accordance with the Privacy Act 1993.**

**Parent/Guardian signature** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_