

JANUARY 2022 / EVENTFINDA

TRAMPOLINE HOLIDAY PROGRAM

Have fun these school holidays jumping, bouncing, rolling and having fun!

WHEN:	Tuesday 11th January	1:30 - 3:30pm
	Thursday 13th January	1:30 - 3:30pm
	Tuesday 18th January	1:30 - 3:30pm
	Thursday 20th January	1:30 - 3:30pm
	Tuesday 25th January	1:30 - 3:30pm
	Thursday 27th January	1:30 - 3:30pm

WHERE: South Mezzanine - Eventfinda Stadium
(Silverfield, Wairau Valley 0627)

COST: \$35

WHAT: RECREATIONAL TRAMPOLINE PROGRAMMES (suitable for all levels of trampolinists including beginners)
The program will be a mix of skill learning, games on the trampolines and activities in our inflatable air-pit.

WHO: 7 to 16 YEARS (groups split by age)
MEMBERS AND NON-MEMBERS WELCOME

CONTACT: jodie@nhgym.co.nz
Ph: (09) 443 2570
Queries or completed booking forms can be emailed to:
jodie@nhgym.co.nz or call (09) 443 2570

WHAT TO BRING & WEAR:

- Full drink bottle
- Suitable clothes for gymnastics, e.g. shorts/leggings, t-shirt, leotard
- Ankle socks to wear on the trampolines
- Long hair tied back
- No jewellery or watches to be worn

Payment is required on booking. No refund will be given for cancellations made within 24 hrs of the start of the program. A 50% refund will be made for cancellations made prior to this. We reserve the right to amend the program if there are insufficient numbers. Children must be dropped off and collected on time. Late pick up penalties will apply.

BOOKING FORM (TRAMPOLINE)

Personal & Emergency Info

Medical Information and Treatment Consent

The following information and consent is requested to ensure the health and well-being of all children. The information contained is confidential and will only be used to safe guard and promote the gymnasts health and well-being should the need arise.

CHILD'S NAME	D.O.B.	AGE	GENDER
PARENT/GUARDIAN NAMES:			
CONTACT PH:			
EMAIL:			
EMERGENCY CONTACT NAME:			
EMERGENCY CONTACT PH:			

1. Does your child suffer from any medical conditions or allergies? **YES** **NO**

If yes please specify: _____

2. Is your child currently taking any medication? **YES** **NO**

If yes please specify: _____

All supervisors are first aid certified.

Please note that while we take every precaution to ensure your child's safety, NHC Gymnastics Centre will not be held liable for any loss of, damage to, or injury to any persons or property while your child is in our care. By signing this form you agree to the terms above:

PARENT/GUARDIAN SIGNATURE _____

BOOKING FORM

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Child's Name: _____

Age: _____

Please **tick** your chosen option for enrolment in the Holiday Program:

OCTOBER 2021

DAY	1:30 - 3:30pm
TUE 11th Jan	
THURS 13th Jan	
TUES 18th Jan	
THURS 20th Jan	
TUES 25th Jan	
THURS 27th Jan	

Email completed booking form to jodie@nhgym.co.nz or drop it in the office.

PAYMENT

Payment to be made on booking to:

GYMNASTICS COMMUNITY TRUST ASB 12 3050 0283567 00

PLEASE INCLUDE HOL P TRA AND YOUR CHILD'S NAME AS A REFERENCE.

Payment is required in full to confirm the booking.