



HOOPSTARS BASKETBALL HOLIDAY PROGRAMME

REGISTRATION FORM

Child's First Name:		Child's Last Name:		
Child's date of birth:		Gender: Male / Female		
Parent/Guardian's Name:		Parent/Guardian's Contact Mobile		
Parent/Guardian's Contact Email		Emergency Contact Person & Mobile No.		
Medical Condition/s (please state & any medication required)				
Please tick what days you would like to enrol your child:				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can we share images of your child's adventures on Social Media (such as Facebook or Instagram) and other promotions?				YES / NO (please circle)
By signing this document, you agree you have read and understood, and agree to the responsibilities and terms and conditions for the programme, provided, and available on our website: www.youthtown.org.nz				
Parent/Guardian Signature: _____		Date: _____		

Please return completed registration forms to:

PO Box 202, Rotorua, 3015 OR email to info@youthtown.org.nz

Payment via internet banking MUST be paid to Youthtown (details below)

Name of Account: Youthtown

Account: 02-0108-0404285-003 or 03

Please include your child's full name and Hoopstars in the reference

COST:

Casual Booking: \$30 per child per day

Full Week Booking: \$20 off = \$130 per child

Full Week Booking with 2+ children: \$100 per child