



# Pride Escape Enrolment Form

| CUB DETAILS   |        | MEDICAL DETAILS                                |                    |
|---|--------|--|--------------------|
| Name:   |        | Doctor:  | Phone:             |
| Male/Female (please circle)   |        | Any medical conditions? Yes/No (please circle) |                    |
| D.O.B:  | Age:   | Please specify:                                |                    |
| Does your cub require 1-on-1?   | Yes/No |  |                    |
| Is your cub a confident swimmer?  | Yes/No |  |                    |
| Do you want to enrol your cub in the Pride Initiative Leadership Programme (14yrs & up)?  |        |  | Yes/No             |
| <b>PROGRAMME LOCATION:</b>  |        |  |                    |
| HOLIDAY SEASON: <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer |        |  |                    |
| FLIGHT REQUIRED (if applicable) Yes/No  |        | SHUTTLE REQUIRED Yes/No                        |                    |
| Departure:  |        | Where to programme                             | Time for pick-up:  |
| Details:  |        | Details:                                       |                    |
| Return:   |        | Programme to where                             | Time for drop-off: |
| Details:  |        | Details:                                       |                    |
| Do you have a Wild Card? Yes/No   |        | Do you wish to purchase a Wild Card? Yes/No    |                    |
| Are you eligible for a WINZ subsidy? Yes/No   |        | Can we photograph your cubs? Yes/No            |                    |

- I give consent for my cub(s) to go on trips with the Pride Lands team during this School Holidays.  
 I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: [www.pridelands.co.nz](http://www.pridelands.co.nz)).  
 I agree to abide by these terms.
- SIGNED:** \_\_\_\_\_

| PARENT/CAREGIVER DETAILS |                        |
|--------------------------|------------------------|
| Name Parent/Caregiver:   | Name Parent/Caregiver: |
| Phone:                   | Phone:                 |
| Address:                 | Address:               |
| Emergency Contact Name:  | Phone Number:          |
| Authorised Pickup Name:  | Phone Number:          |