



ASC Enrolment Form

CUB DETAILS					MEDICAL DETAILS	
Name:					Doctor: Phone:	
Preferred Pronouns: She/Her He/Him They/Them					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				
PROGRAMME LOCATION: <input type="checkbox"/> Southern Suburbs <input type="checkbox"/> Western Suburbs <input type="checkbox"/> Hutt Valley						
ENROLMENT TYPE: <input type="checkbox"/> Casual <input type="checkbox"/> Regular						
Do you want to enrol your cub in the Pride Initiative Leadership Programme (11yrs & up)?					Yes/No	
DAYS ATTENDING:					SHUTTLE REQUIRED: Yes/No	
Mon	Tues	Wed	Thurs	Fri	SHUTTLE ONLY: <input type="checkbox"/>	
					<input type="checkbox"/> School to programme	
Extra-Curricular After School Activities					School:	
Mon	Tues	Wed	Thurs	Fri		
Activity Drop off/pick up (circle which applies)					<input type="checkbox"/> Programme to home Time for drop-off:	
Address:					Address:	
Authorised signature name(s):						
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.
 I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz) and agree to abide by these terms. SIGNED: _____

PARENT/CAREGIVER DETAILS	
Name Parent/Caregiver:	Name Parent/Caregiver:
Phone:	Phone:
Email:	Email:
Address:	Address:
Emergency Contact Name/s:	Phone Number:
Authorised Pickup Name/s:	Phone Number: