



# BSC 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"/> Home to Programme	Time for pick up:	
Notes:					School:		
					Classroom:		
					<input type="checkbox"/> Programme to school		
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](http://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:

0800 PRIDE4U  
0800 774 3348  
04 907 2225 (business hours only)

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[www.pridelands.co.nz](http://www.pridelands.co.nz)

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