



# FHA Enrolment Form

<b>CUB DETAILS</b>					<b>MEDICAL DETAILS</b>	
Name:					Doctor: <span style="float: right;">Phone:</span>	
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						
HOLIDAY SEASON: <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer						
Do you want to enrol your cub in the Pride Initiative Leadership Programme (11yrs & up)? <span style="float: right;">Yes/No</span>						
<b>DAYS ATTENDING</b>					<b>SHUTTLE REQUIRED</b> <span style="float: right;">Yes/No</span>	
1/Mon	Tues	Wed	Thurs	Fri	<input type="checkbox"/> Home to programme	Time for pick-up:
					<b>Address:</b>	
2/Mon	Tues	Wed	Thurs	Fri		
3/Mon	Tues	Wed	Thurs	Fri	<input type="checkbox"/> Programme to home	Time for drop-off:
					<b>Address:</b>	
4/Mon	Tues	Wed	Thurs	Fri		
5/Mon	Tues	Wed	Thurs	Fri		
Book a sleepover (if applicable)					Yes/No	
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:** \_\_\_\_\_

<b>PARENT/CAREGIVER DETAILS</b>	
Name Parent/Caregiver:	Name Parent/Caregiver:
Phone:	Phone:
Address:	Address:
Emergency Contact Name:	Phone Number:
Authorised Pickup Name:	Phone Number: