



Tira Ora Adventure Holidays

Enrolment Form

Children's Details

Name: _____ M / F DOB: _____

Address: _____

Telephone: _____ Email: _____

Enrolment Details

Please circle the holiday program you would like to enrol into:

Summer Camp / Autumn Camp / Winter Camp / Spring Camp

Family Details

Parent/guardian Name: _____

Telephone: _____ (Day) _____ (After Hours)

Parent/guardian Name: _____

Telephone: _____ (Day) _____ (After Hours)

Emergency Contact Person

Name: _____ Relationship: _____

Telephone: _____ (Day) _____ (After Hours)

Additional Information

Does your child have any particular health needs we should be aware of?

Is there anything else we should know about in order to take good care of your child?

I agree to obey all of the camp rules and regulations, and agree to participate in the holiday program that is organised for me.

Campers Signature: _____

Parents/Guardians

I give permission for my child/children to attend the camp.

I will disclose any medical treatment that my child may require, and I give staff members permission to administer the medication to my child.

Parents/Guardians Name: _____

Signature: _____

Please complete and send to Tira Ora Lodge, Private Bag, Havelock, Marlborough.

Please note that enrolments close 7 days before the start of each camp.

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the holiday programme. All personal information is used only for the purpose of the holiday camp. You are welcome to review information pertaining to your children's enrolment at any time.