



Manukau Leisure

# New Customer Enrolment Form Recreation Programme

P  
R  
O  
G  
R  
A  
M  
M  
E

Centre: \_\_\_\_\_

Programme 1: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Programme 2: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Total: \$ \_\_\_\_\_

P  
A  
R  
T  
I  
C  
I  
P  
A  
N  
T  
S  
D  
E  
T  
A  
I  
L  
S

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (m): \_\_\_\_\_ Phone (w): \_\_\_\_\_

What ethnicity you most identify with:  European  Maori  Pasifika  Asian  Other \_\_\_\_\_

Email: \_\_\_\_\_

I would like to keep up to date with related programmes, news & events from Manukau Leisure.

### Emergency Contacts

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Does participant suffer from any medical conditions, illnesses or allergies?  Yes  No

If YES please specify: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

P  
A  
R  
E  
N  
T/  
G  
U  
A  
R  
D  
I  
A  
N  
D  
E  
T  
A  
I  
L  
S

### Please complete this section if you are enrolling a participant under 18 years.

Name: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (m): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Email: \_\_\_\_\_

I would like to keep up to date with related programmes, news & events from Manukau Leisure.

### Payment is required at the time of enrolment.

Terms & conditions will be printed on your programme confirmation. These must be signed prior to commencing your chosen activity.

Participant signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

O  
F  
F  
I  
C  
E  
U  
S  
E

Date entered into session: \_\_\_\_\_ Course Code: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Staff Signature: \_\_\_\_\_