



TRACKS TRUST REGISTRATION FORM:

Event Type and Date (e.g. rites of passage 01 2009): _____
To secure a place please mail back registration form (along with medical and consent pages) and \$100.00 deposit per person. If an event is full we will contact you regarding a reserve list for the preferred event or the next. Checks can be made out to TRACKS TRUST. You can also pay by Internet banking and mail back the forms. **PLEASE IDENTIFY YOUR PAYMENT** with the last name of the participant and the date of the event. E.g. Horton 0108 and send us an email to confirm the payment. **TRACKS account num: 03 -1711-0060-557-000** Please note that the deposit is non-refundable and that the participants are liable for the full fee if cancelling within **7** days of the event start date.

Participant first name(s): _____ Surname: _____

Address: _____

Home Phone: _____ Work: _____

Mobile: _____ Email: _____

Amount paid, how and when: _____

Signature of the Parent/Guardian - 'I agree to the terms set out by this form'

Print first name(s): _____ Surname: _____

Date: _____ Signature: _____

Name of Accompanying Man if Applicable: _____

Relationship to Participant: _____

Address: _____

Home Phone: _____ Work: _____

Mobile: _____ Email: _____

Amount paid, how and when: _____

TRACKS TRUST- RITES OF PASSAGE REGISTRATION
Tui • McShanes rd • Takaka • RD1 • 7172 • New Zealand
Ph: 03 525 9461 • Email - outreach@tracks.net.nz



TRACKS TRUST MEDICAL FORM:

These details will be kept confidential by Tracks Trust.

Participant Names: _____ Surname: _____

Age during camp: _____ Date of birth: _____

Parent/Guardian Name(s) _____ Surname: _____

Does the participant have any medical condition that may affect them while on outdoor physical activities?

YES / NO If Yes please give further details, use more pages if necessary. e.g If participant suffers from Asthma please list triggers for attacks, strategies for easement of attacks and list clearly what medication type he is taking if any.

If participant is taking any kind of medication please make sure he has all needed for the event and list here what it is. Use more pages if necessary.

Emergency Contact Details:

In case of accident or illness please advise whom you wish to be notified;

First name(s): _____ Surname: _____

Relationship to participant: _____

Address: _____

Home Phone: _____ Work: _____

Mobile: _____ Email: _____

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TRACKS TRUST CONSENT FORM:

I wish my son to be allowed to take part in activities associated with TRACKS. I have ensured that my child understands that it is important for his/her safety and for the safety of others that any instructions given by a member of staff are obeyed at all times.

- I/we being the parent/guardian of the attending boy declare that I/we understand that the activities may involve walking for several hours, running, jumping, water and use of adventure equipment thus exposing my son to situations and physical activity not encountered in a classroom.
- I/we acknowledge that while TRACKS and its staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of TRACKS and its staff.
- I/we understand that my/our son's involvement in the TRACKS Program may mean that he is remote from immediate medical help. I/we have provided TRACKS with enough written information to deal appropriately with the attending boy's medical conditions if any.
- I/we further authorise TRACKS, in the event of any injury or illness, and where it is not possible or reasonable to obtain my/our consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I/we agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.
- I/we have read the Registration form, Medical and Consent Forms and Information Pack and understand the level of involvement required of me/us and our son.

Participant first name(s): _____ Surname: _____

Parent/Guardian name(s): _____ Surname: _____

Signature of Parent/GuardianDate.....

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