



KAPAHAKA REGISTRATION

Student Name: Date of Birth:

School: Year:

Parent/Guardian Name:

Relationship to Child: Occupation:

Address:

Contact Number: Email:

Emergency Contact

Name: 1) 2)

Address:

Mobile:

Relationship to Child:

Medical Details

Does your child have any allergies? Yes No

If yes please list:

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List any medical conditions or history that are important for Ahurea Crative organisers to be aware of which may affect your child during training or excursions for performances (such as but not limited to seizures, fainting, diabetes, epileptic, asthma or anaphylaxis)

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Please list any medications your child requires including dosage

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Health Care Details

Medicare Card Number:

Family Doctor: Phone:

Insurance: Do you have private accident insurance? Yes No



KAPAHAKA REGISTRATION

Volunteer

Please indicate where you or your whanau might like to volunteer your time, services or expertise:

- Governance
- Tutoring
- Kakahu & Merch
- Fundraising
- Other

Parent/Guardian:

- I give my son/daughter permission to participate in the Baldivis Gardens Primary School Kapahaka.
- In the event of any illness or injury to my child, I give permission for the supervisors to seek and administer appropriate medical attention and I accept full responsibility for any expenses incurred.
- I give permission for any photographs taken of my child participating in kapahaka activities to be made available for use in Ahurea Creative publications.

Print Parent/Guardian Name:

Signed by Parent/Guardian: Date:

Office Use Only:

Registration Accepted Not Accepted

Date: Signed:

Fees Received: \$50 per individual per term

\$75 per family (2 or more siblings)

- Term 1 2018 Amount: Date Rec: By:
- Term 2 2018 Amount: Date Rec: By:
- Term 3 2018 Amount: Date Rec: By:
- Term 4 2018 Amount: Date Rec: By:

Payment Plan Arrangement: