

TŪ TOKA TŪ ARIKI 25th ANNIVERSARY RĀ WHANAU

Rāpare 17th to Rāhina 21st April 2014

This form is to assist us in case of any emergency and all information given will be held in confidence. **Please complete all parts of this form in full!**

AU KATI! SMOKE, ALCOHOL, DRUG AND VIOLENCE FREE!

Participant Details

Surname: _____ First Name: _____

Date of Birth: _____ Current Age: _____

Address: _____

Email Address: _____

Parent/Caregiver Name: _____

Home: _____ Mobile: _____ Wrk: _____

Emergency contact 1: _____

Home: _____ Mobile: _____ Wrk: _____

Emergency contact 2: _____

Home: _____ Mobile: _____ Wrk: _____

Name of Doctor: _____ Ph: _____

Current School: _____

Ethnicity: _____ Iwi affiliation: _____

Kaiako Taumata: _____

Registration Fee

Prompt payment of \$20.00 registration fee by the 10th Paenga whāwhā/April is appreciated.

This cost is inclusive of a 25th Anniversary T-Shirt

Please indicate (circle) size.... 5XL 3XL 2XL XL L M S XS 10 8 6

All Tutors work is voluntary during Wānanga Taiaha

Cash: _____ /Cheque: _____ Receipt Number: _____

If paying by cheque, please make cheques payable to Tū Toka Tū Ariki
P.O. Box 10-339 Philipstown Christchurch 8145

TŪ TOKA TŪ ARIKI - WĀNANGA TAIAHA

REGISTRATION & MEDICAL FORM
REGISTER BEFORE 10/4/14 TO GO INTO DRAW FOR TAONGA



TŪ TOKA TŪ ARIKI - WĀNANGA

1. Please tick if the participant suffers any of the following:-

- | | | | |
|---------------|--------------------------|----------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Blackouts | <input type="checkbox"/> |
| Dizzy spells | <input type="checkbox"/> | Heart condition | <input type="checkbox"/> |
| Migraine | <input type="checkbox"/> | Seizures of any kind | <input type="checkbox"/> |
| Sleep walking | <input type="checkbox"/> | | |

Other known health/physical disabilities: _____

2. Is the participant presently taking any type of medication? Yes / No

If 'Yes' please state the name of the medication and the dosage;

If medication is to be given it must be clearly labelled showing the name of the child and dosage. All medication must be packaged in a secure bag/container and handed to the First Aider.

3. Dietary requirements: _____

4. Other useful information: _____

Consent/Declaration/Checklist

**I understand Tū Toka Tū Ariki wānanga are AU KATI :-
SMOKE, ALCOHOL, DRUG AND VIOLENCE FREE!**

Please Tick Box

- I give my consent for Ahorei in charge of the activity to seek any medical or surgical treatment as may be deemed necessary if it is impractical to communicate with me.
- I give my consent for the above named participant to be photographed or filmed throughout the wānanga (note these photos/films may be used for future publications) **YES / NO**
- Furthermore I understand and accept that Tū Toka Tū Ariki will take all care but no responsibility for injuries and lost property incurred due to the nature of Wānanga.
- I have included my registration fee and T-Shirt size

LEAVE ALL CELLPHONES, i-PADS, i-PODS ETC AT HOME.

Form completed by: _____

Parent/Guardian Signature: _____ Date: _____

Tūwhakaiti tātou i a tātou

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