



Registration Form
Event Date _____

To secure your place, please return these forms asap by post or email along with a deposit of \$100.00 per person or the full fee (i.e. girls \$850, mums \$650).

Direct credit to Rites of Passage Foundation 03 1354 0298064 00. **Please identify your payment** e.g. Smith April 2014 Tides, or post a cheque.

Please note the deposit is non-refundable and that participants are liable for the full fee if cancelling within 7 days of the event start date.

Participant name(s): _____ Surname: _____

Address: _____

Phone Hm: _____ Mobile: _____

Email: _____

How did you hear about Tides? _____

Name of accompanying adult (if applicable): _____

Relationship to girl: _____

Amount paid, how and when: _____

Signature of the Parent/Guardian - 'I agree to the terms set out above'

Print name: _____

Signature: _____

Date: _____



TIDES MEDICAL FORM:

These details will be kept confidential by TIDES.

Participant Name(s): _____ Surname: _____

Date of birth: _____

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

1) Does the participant have any medical condition that may affect them while at Tides? YES / NO

Please give further details (use more pages if necessary) e.g. If the participant suffers from asthma please list triggers, strategies for easement and list clearly what medication type she is taking if any. **(If the participant is taking any medication please make sure she has what is needed for the duration).**

2) Has the participant been involved with any other agencies? YES / NO

If yes please give details (e.g. Counsellor: 2009-10, CYFS, CAHMS, Police or Youth Justice etc.)

3) Dietary requirements (e.g. gluten free, vegetarian): Please give details.

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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: _____

Phone Home: _____ Work: _____

Mobile: _____ Email: _____

Tides, 156 Commercial St, Takaka 7110, Golden Bay, Ph: 03 5258778.

Email: contact@tides.net.nz

www.tides.net.nz



TIDES CONSENT FORM

• I/we wish my daughter be allowed to take part in activities associated with TIDES. I have ensured that my child understands that it is important for 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 daughter 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 daughter to situations and physical activity not encountered in a classroom.

• I/we acknowledge that while TIDES and its staff will make every reasonable effort to minimize exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of TIDES and its staff.

• I/we understand that my/our daughter's involvement in the TIDES Program may mean that she is remote from immediate medical help. I/we have provided TIDES with enough written information to deal appropriately with the attending girl's medical conditions if any.

• I/we further authorize TIDES, 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 understand the level of involvement required of me/us and our daughter.

Participant

Name(s): _____ Signature

Parent/Guardian

Name(s): _____ Signature

Date _____

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