



**TRACKS TRUST REGISTRATION FORM:**

Event Type and Date (e.g. Rising Sons 01 2019): \_\_\_\_\_

Sons first name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Participant's School: \_\_\_\_\_

Name of Father/ Accompanying Man: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

Print first name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**rites of passage foundation event registration**

Tracks Office

156 Commercial St • Takaka • 7110 • New Zealand

Ph: 03 525 8778 • Email – info@tracks.net.nz

[www.tracks.net.nz](http://www.tracks.net.nz)

## **PAYING FOR YOUR COURSE**

**Please make payments to: NBS, Rites of Passage Foundation 03 1354 0298064 00**

**A \$100 deposit is required to secure your place and where possible we ask that the full amount \$350 be paid before the event start date.** Please note, the deposit is non-refundable and participants are liable for the full fee if cancelling within 7 days of the event start date.

### Payment Options

- I will be making one payment.** Date of payment \_\_\_\_\_
- I will pay the deposit, then set up a payment plan: NB** We ask for a minimum \$25 per week or \$100 per month. Any amount above those minimums is welcome.

Date I will pay the deposit: \_\_\_\_\_

- Weekly AP of \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- Fortnightly AP of \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- Monthly AP of \$ \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

- I will pay in 3 installments:** Date I will pay the deposit: \_\_\_\_\_

Fee minus deposit: \$250      Single installment amount \$ \_\_\_\_\_

Scheduled payment dates x3: \_\_\_\_\_

Please make your payments identifiable:

**Include your surname and the name and date of course as a reference (e.g. Smith, Tides Rite 0416).**

**TRACKS TRUST MEDICAL FORM & AGENCY HISTORY: SON**

These details will be kept confidential by Tracks Trust.

Participant Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age during camp: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Surname: \_\_\_\_\_

**Does the participant have any medical conditions?**  
**Is the participant using any medications? (e.g. Ritalin for ADHD)**  
**Does the participant have any historical conditions?**

**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 or may need any kind of medication (**e.g. antihistamine**) please make sure he has all he needs for the event and list here what it is. Use more pages if necessary.

**Any specific dietary requirements?**

**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.**)

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## TRACKS TRUST MEDICAL FORM: FATHER / ACCOMPANYING MAN

These details will be kept confidential by Tracks Trust.

Participant Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Do you have any medical conditions?  
Are you using any medications?  
Have you had any historical conditions?**

**YES / NO** If Yes please give further details, use more pages if necessary. *(e.g. If you suffer from asthma please list triggers for attacks, strategies for easement of attacks and list clearly what medication type you use if any.)*

If you are taking or may need any kind of medication **(e.g. antihistamine)** please make sure you have all you need for the event and list here what it is. Use more pages if necessary.

**Any specific dietary requirements?**

### **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 to give permission for my son 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, 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, Medical and Consent Forms and the information 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/Guardian .....Date.....

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