

Registration / Consent Form

Ngaa Taonga Taakaro

Please read the attached programme information and complete, sign and return this form to:

Leela Hauraki, He Oranga Poutama Kaiwhakahaere, Sport Northland

www.sportnorthland.co.nz

email: leelah@sportnorth.co.nz

Participant Details

First Name: _____ Surname: _____

Address:

Email address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Male / Female (please circle)

Ethnicity that you identify with: _____

Marae: _____

Hapu: _____ Iwi: _____

Any medical conditions / medication that you are currently taking that we may need to know about?

(For your own personal health and safety if you require medication please remember to bring it along. e.g. an inhaler)

I _____ (Parent
and Taitamariki name) agree and understand the following:

1. That I / my taitamariki participate in the programme organised by Sport Northland entirely at my / his / her own risk. I am satisfied that I / he / she is sufficiently responsible and competent to take responsibility for my / his / her own safety during this programme and I / he / she does so without any liability whatsoever on the part of Sport Northland or any other parties associated with the programme in respect of any injury, loss or damage suffered by myself / him / her due to their actions.
2. There is no entry fee required to participate in Ngaa Taonga Taakaro programme and by attending I / my taitamariki agrees to abide by any rules and/or instructions set for the safe and smooth running of the programme.
3. I give permission for Sport Northland staff to apply basic First Aid to myself / my taitamariki. In the event of illness/accident/injury, I hereby authorise Sport Northland staff to authorise treatment and hospital care for myself / my taitamariki under supervision of, and as deemed advisable, by a registered medical practitioner.
4. I acknowledge that Sport Northland is not responsible for any personal belongings (including loss / damage) of any participant involved in Ngaa Taonga Taakaro.
5. I give permission for the above details of myself / my taitamariki to be used for the purpose of recording participation in and evaluating the effectiveness of Ngaa Taonga Taakaro programme.
6. I give permission for myself / my taitamariki name, photo and video footage to be used without payment to me in any broadcast, telecast, promotion, advertising, or in any other way pursuant to the Privacy Act 1993.
7. By supplying postal and email addresses and cell phone numbers on this form I give permission for Sport Northland to use those contact details to send information about future Ngaa Taonga Taakaro events and promotions.

Signed (Parents/Guardian's please sign on behalf of your tamariki)

Date _____