



# TE WHARE TU TAUA O AOTEAROA

## REGISTRATION FORM

Please fill out all sections and hand back to your Kaiako with your health register.

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(first) (last)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OCCUPATION: \_\_\_\_\_ MALE/FEMALE (please circle)

CONTACT PHONE: ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ (Business)

TRIBAL AFFILIATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

### GENERAL INFORMATION

WHERE DO YOU TRAIN? \_\_\_\_\_

HOW OFTEN DO YOU TRAIN? DAILY WEEKLY MONTHLY OTHER \_\_\_\_\_  
(Please circle)

WHO IS YOUR KAIAKO/TRAINER & HOW LONG HAVE YOU TRAINED UNDER THEM?

FULL NAME \_\_\_\_\_ HOW LONG \_\_\_\_\_  
(Current Kaiako)

FULL NAME \_\_\_\_\_ HOW LONG \_\_\_\_\_  
(Prior Kaiako)

WHAT IS YOUR TUURANGA? \_\_\_\_\_  
(Akonga, Tauira, Kaiako, Pouako etc...)

WHEN DID YOU LAST PASS YOUR GRADE?

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# TE WHARE TU TAUA O AOTEAROA

## HEALTH FORM

Please fill out all sections and hand back to your Kaiako with your registration form.

NAME: \_\_\_\_\_ CONTACT PH: ( ) \_\_\_\_\_ (Home)

### EMERGENCY CONTACT DETAILS:

NAME: \_\_\_\_\_ CONTACT PH: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### GENERAL HEALTH INFORMATION

Are you allergic to any of the following? (please circle all appropriate answers)

(1) Bee stings Yes/No (if yes, list medication) \_\_\_\_\_

(2) Drugs Yes/No (if yes, please list) \_\_\_\_\_

(3) Plants Yes/No (if yes, please list) \_\_\_\_\_

(4) Foods Yes/No (if yes, please list) \_\_\_\_\_

Do you suffer from asthma? Yes/No **(Please supply your own medication)**

Are you taking any prescribed medication? Yes/No (please name) \_\_\_\_\_

Have you had any recent illnesses or injuries? Yes/No (please name) \_\_\_\_\_

Have you had any other physical/medical conditions we should know about? If so please give details. \_\_\_\_\_

While we take every care and precaution to ensure your personal safety, we recognise that there are some things over which we have no control, and we therefore ask that you sign the disclaimer below. (If you are 16 years or under a parent or guardian must sign.)

### DISCLAIMER:

I, \_\_\_\_\_ (name) declare to the best of my knowledge, that the information I have given is true and correct. I understand that all this information will be treated as confidential and only released in an event of an emergency as defined by TE WHARE TU TAUA O AOTEAROA.

I recognise that in all activities there is an element of personal risk. I release Te Whare Tu Taua O Aotearoa from all liability for personal accident or injury.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_