



PRIDE In Action Enrolment Form

CUB DETAILS							MEDICAL DETAILS (if applicable)									
Name/s: (Please note preferred pronouns for each child: she/her, he/him, they/them.).							Doctor:				Phone:					
							Any medical conditions? Yes/No (please circle)									
D.O.B:			Age:				Please specify:									
D.O.B:			Age:													
D.O.B:			Age:													
REGION:																
DAY/S Required:							Address:									
Mon	Tues	Wed	Thurs	Fri	Sat	Sun										
Time:							Phone Number:									
Do you have a Wild Card?							Yes/No			Do you wish to purchase a Wild Card?				Yes/No		
										Can we photograph your cubs?				Yes/No		

I give consent for my cub(s) to go on trips with the Pride Lands team.
 I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz) and agree to abide by these terms. **SIGNED:** _____

PARENT/CAREGIVER DETAILS													
Name Parent/Caregiver:							Name Parent/Caregiver:						
Phone:							Phone:						
Email:							Email:						
Address:							Address:						
Activities preference: TM													