



AW Enrolment Form

CUB DETAILS		MEDICAL DETAILS	
Name:		Doctor:	Phone:
Preferred Pronouns: She/Her He/Him They/Them		Any medical conditions? Yes/No (please circle)	
D.O.B:	Age:	Please specify:	
Does your cub require 1-on-1?	Yes/No		
Is your cub a confident swimmer?	Yes/No		
Do you want to enrol your cub in the Pride Initiative Leadership Programme (14yrs & up)? Yes/No			
PROGRAMME LOCATION:			
MONTH: March <input type="checkbox"/>		June <input type="checkbox"/>	August <input type="checkbox"/> November <input type="checkbox"/>
FLIGHT REQUIRED (if applicable) Yes/No		SHUTTLE REQUIRED Yes/No	
Departure:		Where to programme	Time for pick-up:
Details:		Details:	
Return:		Programme to where	Time for drop-off:
Details:		Details:	
Do you have a Wild Card? Yes/No		Do you wish to purchase a Wild Card? Yes/No	
Are you eligible for a WINZ subsidy? 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 during this Adventure Weekends.
- I understand the Terms & Conditions of Pride Lands (see "conditions" on our website: www.pridelands.co.nz).
- I agree to abide by these terms. **SIGNED:** _____

PARENT/CAREGIVER DETAILS	
Name Parent/Caregiver:	Name Parent/Caregiver:
Phone:	Phone:
E-mail:	E-mail:
Address:	Address:
Emergency Contact Name/s:	Phone Number/s:
Authorised Pickup Name/s:	Phone Number/s:

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 04 907 2225 (business hours only)
 027 567 8913

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