



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		Basic 1 st Aid & Medication Support? Yes/No	
Is your cub a confident swimmer? Yes/No			
Note: Please advise us if your child/children have any physical/mental disabilities or struggles we should be aware of in order to support them as well as their integration and social development.			
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	
		FULL BOOSTER <input type="checkbox"/> HALF BOSTER <input type="checkbox"/> NONE <input type="checkbox"/>	
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: