

Taiohi Rēhita / Member Registration and Risk Waiver form

Please read and complete a separate form for each individual paddler that this registration covers (eg. if you are filling in for tamariki). Both new and existing members should complete this form prior to the payment of their membership fees to ensure contact details are current. Once completed, please hand to the session leader at club training or email to tewakapounamu01@gmail.com

You can also complete and pay membership fees online at: $\underline{www.tewakapounamu.com}$

Tēnā rawa atu koe / Thank you!

Ingoa / Full Name:	Tuakiri ā-ira / Gender:
Wāhi Noho / Address:	Numa Waea / Your Phone Number:
Wā Whānau / Date of Birth:	Īmēra / Email Address:
Whakapapa / Ethnicity:	Kura / School:
Whakapā Aitua / Emergency Contact Name	Pakeke Waea Pūkoro / Parent Mobile Number:
TautŌhito Waka/ Paddling experience:	Tautōhito Kaukau / Swimming Ability:
Āhua Hauora / Medical Conditions: Please specify any conditions that the club management should be aware of in the event of an emergency or speak in confidence to an executive officer. E.g. Asthma - need to carry inhaler:	Pārongo Anō / Other Information: Please let us know any other information that may be relevant to your registration. Eg. If you hold a first aid certification, useful skills and experience
that the aforementioned activities are physically strenuous from ne unexpected injury or death may occur from diagnosed or undiagn training sessions in such a way that high physiological demands aforementioned activities are inherently risky due to the nature of tand unsheltered) and of the equipment used. While the Club and	pate in outrigger canoe training, competition, and events. I acknowledge curomuscular, cardiovascular and aerobic perspectives and that sudden losed conditions I may have, and that the Club and its members tailor are placed on paddlers of all levels. I further acknowledge that the the medium where they are practiced (bodies of water, both sheltered its members have taken and take steps to diminish inherent risks, the be undertaken in conditions i.e. surf, waves, high winds, among others)
I agree to wear a properly fitting PFD at all times paddling on Lyt responsible for any risks, harm to myself that I may encounter as a res	telton Harbour and that I acknowledge and understand that I am fully sult of paddling with Te Waka Pounamu Outrigger Club.
Signature of Participant:	Date:
Signature of Parent:(if under 15 years of age)	-