

## Application form 2020/2021 College Waka Ama

Surname: First Name: Address:

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mothers Name:

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Fathers Name:

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Date of Birth: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Parent work Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Email: \_\_\_\_\_

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Doctors name: \_\_\_\_\_ Ph. No: \_\_\_\_\_

Physio: \_\_\_\_\_ Ph. No: \_\_\_\_\_

Current year at College \_\_\_\_\_ Whanau \_\_\_\_\_ Whanau teacher

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Do you have any previous experience relevant to waka ama? If yes please note.

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### MEDICAL

Do you have any past or current injuries or medical issues that may effect your ability to participate fully in this programme? If yes, what & how?

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Are you currently taking any medication? If yes, what and how is it administered?

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Signed: \_\_\_\_\_ Parent/Caregiver

Cost \$25.00 per year into college account 12-3095-0259130-00

Plus \$25.00 affiliation fee to Omaha outriger canoe club (please see their application form and payment instructions)