

Application form – Waka Ama Juniors

Surname: First Name: Address:

Phone: Email:

Mothers Name:

Fathers Name:

Date of Birth: Home Ph:

Parent work Ph:

Mobile Ph: Email:

Doctors name: Ph. No:

Physio: Ph. No:

Current year at College Whanau Whanau teacher

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

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?

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

Signed: Parent/Caregiver