
		<b>Motutapu Outdoor Education Camp</b> Administration Bay, Motutapu Island Hauraki Gulf, Auckland PO Box 44009 Ph/Fax: (09) 849 5656 <a href="mailto:inquiry@motutapucamp.org.nz">inquiry@motutapucamp.org.nz</a> <a href="http://www.motutapucamp.org.nz">www.motutapucamp.org.nz</a>	
<b>School/Group Name:</b>		<b>Date of camp:</b>	
<b>First Name:</b>		<b>Surname:</b>	
<b>DOB:</b>		<b>Gender: M / F</b>	
<b>Address:</b>			
<b>Emergency Contact Details</b>			
<b>Name:</b>		<b>Relationship:</b>	
<b>Day Phone:</b>		<b>A/H Phone:</b>	
<b>Mob Phone:</b>		<b>Other:</b>	
<b>Medical History</b>			
<b>Are there any conditions that may restrict participation in any activities such as:</b>			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other...
<input type="checkbox"/> Allergies	<input type="checkbox"/> Mental Disabilities	<input type="checkbox"/> Recent Injuries	<input type="checkbox"/>
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Recent Head Injury	<input type="checkbox"/>
Please give details:			
<b>Is the participants Tetanus current?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Dietary Requirement</b>			
<b>Does the participant have any dietary requirements?</b>			
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> GF	<input type="checkbox"/> Allergy
<input type="checkbox"/> Other			
Please give details:			
<p>I _____ consent to myself/ son/daughter/ward participating in all activities at MOEC.</p> <p>I acknowledge that the activities may be of an adventurous nature, often in a marine environment. In signing this document I am aware of the general nature of the activities and that these activities represent a change in the participant's normal routines and may be physically demanding.</p> <p>There is an inherent amount of risk involved in all outdoor activities and I acknowledge that MOEC and its staff undertake to exercise due care, to use correct outdoor techniques and to minimise exposure to known risks. I understand that all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of MOEC and its staff.</p> <p>I agree that if myself/daughter/son/ward suffers injury or illness, MOEC can at my cost, arrange medical treatment and emergency evacuation services as MOEC deems appropriate for the participants safety or well-being.</p>			
<input type="checkbox"/> Please tick if you do not consent to the use of this participant's photographs or video recordings for the purpose of promotion to the general public			
<b>Signed:</b>		<b>Date:</b>	

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