

COMPLETE ALL FOUR PAGES AND RETURN TO: Outward Bound Trust of New Zealand • Level 1, 4 Queens Wharf, TSB Arena • Wellington 6011
PO Box 25 274, Panama Street • Wellington 6146 Fax: (04) 472 8059 Email: enrol@outwardbound.co.nz

PLEASE PRINT CLEARLY

1. PERSONAL DETAILS

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Date of birth	Age
	Female <input type="checkbox"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

Are you a NZ Citizen/resident or Australian/Pacific Island Citizen? Yes No

If 'No' email info@outwardbound.co.nz for an International Enrolment Form

ETHNICITY

<input type="checkbox"/> European/Pakeha	<input type="checkbox"/> Maori	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other (If 'other' please state)	<input type="text"/>

Job title	<input type="text"/>
Employer	<input type="text"/>
If 'student', school or education provider	<input type="text"/>

2. CONTACT DETAILS

Unit	Floor	Building name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street number	Street name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
RD	PO Box/Private Bag	Town/City	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
State/Country			
<input type="text"/>			
Home phone	Work phone	Mobile	Fax
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>
Preferred email	Alternative email		
<input type="text"/>	<input type="text"/>		

3. COURSE DETAILS

My first course preference is	<input type="text"/>		
Code	Start date	<input type="text" value="DD / MM / YYYY"/>	
My second course preference is	<input type="text"/>		
Code	Start date	<input type="text" value="DD / MM / YYYY"/>	

Do you know anyone else going on the same course?

His/her name is

What/who prompted you to enrol on an Outward Bound course?

OFFICE USE ONLY

COURSE CODE REGISTRATION NUMBER

4. PERSONAL HISTORY

A) DIETARY INFORMATION

Food allergies/intolerances (please indicate food types, sensitivity, severity and last reaction)

N/A

Vegetarian exclusive

Gluten free

Dairy free

Vegan

Other (If 'Other' state)

B) MEDICAL INFORMATION

Do you have any issues that might affect your acceptance for example severe allergic reactions, diabetes, epilepsy, mental health, eating disorder, overweight/underweight or recent changes to medication?

Yes

No

If 'Yes' provide details

C) BEHAVIOURAL ISSUES

Do you have any, or a history of any, behavioural issues for example ADD, ADHD, violence, aggression or difficulty functioning with others?

Yes

No

If 'Yes' provide details

D) CRIMINAL HISTORY

Have you had any convictions (including Youth Court) or do you have any court charges pending?

Yes

No

If 'Yes' provide details of all charges/convictions and dates

5. ALTERNATIVE/EMERGENCY CONTACT

First name

Middle name

Surname

Has your alternative/emergency contact completed an Outward Bound course?

Yes

No

If 'Yes' provide their date of birth

Tick here if contact details are the same as your contact details

Unit

Floor

Building name

Street number

Street name

Suburb

RD

PO Box/Private Bag

Town/City

State/Country

ALTERNATIVE/EMERGENCY PHONE AND EMAIL DETAILS

Home phone

Work phone

Mobile

Fax

Preferred email

Alternative email

6. PAYMENT

A minimum deposit of \$300 is required to enrol. The deposit may be transferred once only to another course up to 21 days prior to the course start date. Full course fee payment is due 8 weeks prior to the course start date.

The course fee less your deposit is refundable up to 21 days prior to the course start date. After this time the course fee is non refundable and non transferable. Cancellations must be received in writing. No refunds or transfers are available in the event of an early departure or removal from a course.

As an accredited NZQA provider, Outward Bound has an NZQA approved student fee protection scheme in place. Details of this scheme can be obtained from Outward Bound or our website www.outwardbound.co.nz.

I have already paid a \$300 deposit online or by phone

I enclose payment of \$ by Cheque Visa Mastercard Amex

Card holder name

Card number

Expiry date

 MM / YY

Signature

 SIGN HERE

I am receiving financial assistance/sponsorship from the person/organisation below.
I enclose written confirmation from my sponsor so Outward Bound can invoice them.

Contact name

Organisation

Address

Phone

 ()

Amount

 \$

Purchase Order No. (optional)

7. PRIVACY

All personal information regarding participants will be confidential to Outward Bound. Outward Bound reserves the right to use the names, comments and photographs of participants for marketing, public relations and post course communication purposes, as appropriate. Outward Bound reserves the right to send a copy of the participant's course report to their employer (if they paid for the course fees) and any sponsors. Ethnicity information is collected for statistical purposes only.

8. CONDITIONS OF ENROLMENT

SAFETY

The safety and welfare of all participants is our primary concern. All participants however, do take part at their own risk and must accept personal liability for any injury or loss. Note: there are times during the course when participants will not be under the direct supervision of staff members.

I understand that as a participant I must comply with all instructions given during your course.

FITNESS

Good health and a good basic level of fitness are required.

I must meet the minimum fitness requirement of being able to comfortably run 3km in less than 25 minutes (does not apply to adapted courses).

SMOKING, ALCOHOL AND NON-PRESCRIPTION DRUGS

Outward Bound has a no smoking policy. Alcohol and non-prescription drugs are not permitted.

I understand that Outward Bound has a no smoking policy and that no alcohol or non-prescription drugs are permitted.

WILLINGNESS TO PARTICIPATE

Commitment to fully participate, cooperate with and respect others, their beliefs and belongings are essential to the success of an Outward Bound course.

I am willing to fully participate in my Outward Bound course.

I agree to the Conditions of Enrolment as outlined above. I understand that if I fail to comply with the conditions, withhold any relevant information, or fail to advise of any relevant new information I may be asked to depart the course at my own expense. I understand confirmation of my enrolment is subject to medical approval from my doctor and Outward Bound's screening advisor.

Participants are accepted at the discretion of the Outward Bound Trust of New Zealand.

SIGNED

SIGN HERE

NAME

DATE

DD / MM / YYYY

9. PARENTAL PERMISSION *(To be completed by Parent/Guardian of participants 17 years and under.)*

I give permission for my child to participate in the Outward Bound course.

I understand physical elements are involved and that there is some monitored isolation (approximately 48 hours).

I understand that my child must comply with all instructions given during the course.

I agree that my child will take part in such activities and necessary duties as may be required by staff.

I accept that, at the discretion of the Outward Bound School, my child may be asked to depart the course at my expense.

I understand my child must not smoke, drink alcohol, take any non-prescription drugs or take part in sexual activity during the course.

I have discussed these course requirements with my child.

SIGNED (PARTICIPANT)

SIGN HERE (IF APPLICABLE)

PARTICIPANT NAME

SIGNED (PARENT/CAREGIVER)

SIGN HERE (IF APPLICABLE)

RELATIONSHIP TO PARTICIPANT

DATE

DD / MM / YYYY

DATE

DD / MM / YYYY