

KAPITI EQUESTRIAN THERAPY REGISTRATION & WAIVER FORM

2018

Please note that your signature indicates that you have read, understood and accepted the terms & conditions over page.

Students Full Name		Date of Birth	
If Student under 18yrs of age Parent/Guardian		In Event of an Emergency Contact & Name	
Home Tel :		Mobile:	
Email :			
Address :			
Signature		Date:	

Terms and Conditions Waiver and Acknowledgement

I _____ (Student/Parent/Guardian) acknowledge and accept that I have read the Terms & Conditions as set out by the Kapiti Vaulting Club Inc. over page and agree that I will be bound by and subject to the Terms and Conditions of this Waiver & Acknowledgement.
 (Print Name)

Parent/Guardian _____
 (Signature)

Signed _____
 For and on behalf of the Kapiti Vaulting Club Incorporated

Date:

PLEASE NOTE: A MEDICAL CERTIFICATE IS NEEDED!!

Medical Certificate Attached _____
 (where applicable)
 Allergies & Medical Info _____