

Kapiti Equestrian Centre Vaulting Membership Registration 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 Details		In Event of an Emergency Contact & Name:	
Home Tel :		Mobile:	
Email :			
Address :			

Kapiti Equestrian Centre/Kapiti Vaulting Club Inc 13B Nimmo Ave West, Waikanae, P.O. Box 359 Paraparaumu 5254

Phone 04 902 6108

Terms and Conditions Waiver and Acknowledgement

I _____

PRINT NAME

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

Parent/Guardian _____

(Signature)

Signed _____

For and on behalf of the Kapiti Vaulting Club Incorporated

Date:

MEMBERSHIP PAID: Date.....

Date Monthly Fees

To be paid by AP Date.....

Medical Certificate Attached _____

(where applicable)

Allergies & Medical Info _____