



Student Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Nationality \_\_\_\_\_ Country \_\_\_\_\_

Circle one  Male  Female

Date of Birth \_\_\_/\_\_\_/\_\_\_ (Min age 14years)

Student Phone: \_\_\_\_\_ Student Email \_\_\_\_\_

Any special food requirements, allergies or medical conditions. \_\_\_\_\_

**EMERGENCY CONTACT DETAILS NZ**

Name of School attending in NZ \_\_\_\_\_

School contact Name \_\_\_\_\_

Homestay Name \_\_\_\_\_

Homestay Address \_\_\_\_\_

PH: \_\_\_\_\_ Homestay Signature \_\_\_\_\_

**Natural Parent Consent:**

Natural Parent Full Name \_\_\_\_\_

Natural Parents address \_\_\_\_\_

I agree and give permission for my child to take part in travel programs that Kiwiana Tours 2009 Limited offers. Parents please Initial the boxes to give permission for my child to take part in any of the follow optional activities.

Parents date tour & Initial activities		<input type="checkbox"/>	My child has permission to join any extreme activities offered below				
Date	Tour Type	Initial	Activity	Initial	Activity	Initial	Activity
	Rotorua, Taupo & Waitomo		Water Rafting		Skydive		Quad Biking
	Bay of Islands		Ocean Kayaking		Bungy Swing		Surfing- guided (Summer)
	Hobbiton and Hamilton Gardens		Swim with dolphins		Bungy Jumping		Skiing-boarding (Winter)
	Kiwi House and Waitomo Caves		Sailing or boating		Zorb/Ogo		Horse Riding
	Rotorua, Taupo		Paragliding		Boggy Boarding		Boat (Jet Boat)
	Coromandel 1 day		Parasailing		Surfing (not guided)		Ice Skating
	Coromandel 2 day		Helicopter		Bushwalking		Ziplining
	South Island		Paddle Boarding		Gondola & Luge		Swimming in a Lake, Spa, Pool
	Other (_____)						

**Acknowledgement of Risk**

I understand that there are risks associated while travelling and with other activity operators and these risks cannot be completely eliminated. Kiwiana Risk assessment is available for your reading from our office. I know I can ask any questions from Kiwiana Tours about the travel and activities my child maybe involved in, to gain a better understanding of the risks involved. I understand that Kiwiana Tours does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy. Sign by Natural Parent or Guardian of the child participant.

Parent Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Kiwiana Tours 2009 Limited. 29 Princes Street, Auckland City 1140, New Zealand. www.kiwianatours.com PH Catherine 02102703611 / Dave 0272030403

Kiwiana Tours abide by the NZQA Code of Practice for the Pastoral Care of International Students and are Qualmark certified. This trip is run as a school trip and School rules apply, no drinking or smoking is permitted on this tour, even if you are 18 years or more.

**Students I have read all the above and agree**

**Student SIGNATURE:** \_\_\_\_\_