



Tour Name _____ Date of Tour _____

Student Full Name _____ Nationality _____

Male Female Date of Birth ___/___/___ (Min age 14years)

Student Phone: _____ Email _____

Any special food requirements, allergies or medical conditions.

NZ SCHOOL information and approval

Name of School _____ Phone _____

Name of school Emergency Contact _____ Approved sign: _____

EMERGENCY CONTACT DETAILS

Homestay Name: _____

Address NZ _____

PH: _____ MOB: _____ Homestay Signature _____

Parent Consent: I agree and give permission for my child to take part in travel programs that Kiwiana Tours 2009 Limited offers. Tick any boxes to give permission for my child to take part in any of the follow activities.

Rotorua, Taupo & Waitomo	Bay of Islands	Coromandel	All or other trips
<input type="checkbox"/> White Water Rafting	<input type="checkbox"/> Ocean Kayaking	<input type="checkbox"/> Ocean Kayaking	<input type="checkbox"/> Surfing - guided (Summer)
<input type="checkbox"/> Bungy Jumping	<input type="checkbox"/> Swim with dolphins	<input type="checkbox"/> Bush walking	<input type="checkbox"/> Skiing - boarding (Winter)
<input type="checkbox"/> Zorb <input type="checkbox"/> Quad Bikes	<input type="checkbox"/> Sailing or boating	<input type="checkbox"/> Horse Riding	<input type="checkbox"/> Horse Riding
<input type="checkbox"/> Gondola & Luge	<input type="checkbox"/> Skydive	<input type="checkbox"/> Boogie Boarding	<input type="checkbox"/> Rollers Skating
<input type="checkbox"/> Boat (Jet Boat / Sail)	<input type="checkbox"/> Parasailing	<input type="checkbox"/> Surfing (not guided)	<input type="checkbox"/> Ice Skating
<input type="checkbox"/> Skydive	<input type="checkbox"/> Helicopter		<input type="checkbox"/> Zip lining
<input type="checkbox"/> Black Water Rafting	<input type="checkbox"/> Paddle Boarding		Swimming in a <input type="checkbox"/> Lake <input type="checkbox"/> Spa <input type="checkbox"/> Pool
<input type="checkbox"/> Any extreme Activity offered		Tick any of the above for a South Island trip	

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 may be 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 ___/___/___

Natural Parent Full Name _____

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 is 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, SIGN: _____