



Craig's Mobile: 027 444 6483
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 GST 104-111-939

108 Eastbourne Street East, HASTINGS (Opp Hastings Library)

GIANTS BOXING ACADEMY REGISTRATION

Date of Registration: _____

Name: _____

Date of birth: ____/____/____ Age: _____

Phone no: (cell) _____

(hm) _____

Email: _____

Address: _____

School: _____

Ethnicity: Maori NZ European Pacific Island Other _____
 (please specify)

I am a new member

I am a returning member

Interests/Other Sports

Medical Information

I have **no** current medical condition or previous injuries that would put me at risk in the sport of boxing.

OR

I **have** a medical condition or previous injuries that would put me at risk in the sport of boxing.

Please specify conditions and if on any medication:

Family Doctor(GP)?

PARENT/CAREGIVER DETAILS:

Name:		Relationship:	
Address: (if different)			
Phone Number:		Mobile Number:	

ALTERNATE PARENT/CAREGIVER DETAILS:

Name:		Relationship:	
Address: (if different)			
Phone Number:		Mobile Number:	

For Direct Credit please use the following bank details: (Include name of the person whose fees are being paid as reference)

GIANTS BANK DETAILS: Westpac - 03 0642 0039951 000

Fees per term:

Boys Cadets \$100- Boys Junior \$115 - Boys Seniors \$125 – Cadet Girls \$100 – Senior Girls \$125 (please note 10% discount for siblings)

MEMBERS & PARENT/CAREGIVERS PERMISSION & DECLARATION *(tick boxes)*

- I declare that the information given in this form is true and complete to the best of my knowledge and consent to the above mentioned becoming a member of the Hastings Giants Boxing Academy.
- I acknowledge that all photos taken, and video footage recorded during the membership can be used by the Hastings Giants Boxing Academy or by any third party (such as Funders) with the consent of the HB Youth Trust and Hastings Giants Boxing Academy, including use on Social Media (Website, Facebook, Youtube, Instagram etc).
- I acknowledge that if a parent/caregiver appears under the influence of drugs or alcohol during training sessions or if they come to collect their child and the coaching staff are concerned that they are not able to safely drive the child home, the Head Coach/Staff will firstly notify the alternate caregiver, stated on our registration form. If they are unable to be contacted, then the Police will be notified of the situation.
- I accept that the possibility of injury is inherent in undertaking physical activity (e.g. boxing). I will not hold HB Youth Trust or Hastings Giants Boxing Academy responsible for any injury or loss associated with me/or a child under my care attending Hastings Giants Boxing Academy.
- I give permission for HB Youth Trust and Hastings Giants Boxing Academy to take all responsible action to seek medical attention should I/or a child under my care require it at my own expense.
- I give permission for the HB Youth Trust and Hastings Giants Boxing Academy to undertake drug/alcohol testing on me/or a child under my care if the opportunity presents itself and/or if deemed to be necessary.
- I acknowledge that in accordance with the provisions of the Privacy Act 1993, the following information has been brought to my attention:
 - This form collects personal information about me and/or a child under my care.
 - The information is collected for the following purposes: to keep in contact with our members and parents/caregivers and to assist with funding applications.
 - If any sensitive personal information is required for administration to do with Boxing NZ, Outward Bound or any other third party, permission to pass this information on will be sought from the Individual (and/or parent/caregiver).
 - The intended recipients of the information are those Administration staff directly involved with my/or a child under my care's attendance at the Hastings Giants Boxing Academy.
 - Information is only kept for a set period of time dependent on legal requirements. It is then either made anonymous for statistical and funding purposes or destroyed:
 - Registration forms will be kept for a period of two years and then destroyed.
 - Financial information (Name, address and payments made) will be kept for nine years due to financial/tax obligations (Charitable Trusts are legally bound to hold information for nine years).
 - The Privacy Act 1993 provides rights of access to, and correction of, personal information held in readily retrievable form. Should you wish to exercise these rights, please contact us at:
Hawkes Bay Youth Trust, 107 Market St South, Hastings.

I am enrolling for (please circle)	BOYS CADET (8-10yrs)	BOYS JUNIOR (11-14yrs)	BOYS SENIOR (16-24yrs)	GIRLS JUNIOR (8-13yrs)	GIRLS SENIOR (14-24YRS)
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MEMBERS SIGNATURE	DATE SIGNED	PARENT/CAREGIVERS SIGNATURE	DATE SIGNED
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