



311 Great South Road

Ph: 09 279 8340

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www.pact.org.nz

REGISTRATION

Name: [Redacted]

Address: [Redacted]

Contact Number/s: [Redacted]

Email: [Redacted]

DOB: [Redacted] Gender: [Redacted]

Ethnicity & iwi if applicable: [Redacted]

School: [Redacted] School Year: [Redacted]

MEDICAL

Do you have a medical condition or previous injuries that would put you at risk in the sport of boxing?

No Yes

If Yes, please give details of condition and specify any medication you are on: [Redacted]

Do you have any food allergies we should be aware of?

No Yes: [Redacted]

Doctor's name and contact details: [Redacted]

PARENT/CAREGIVER DETAILS

Name: [Redacted]

Relationship to member: [Redacted] Contact Number: [Redacted]

Email: [Redacted] Work Number: [Redacted]

ALTERNATIVE EMERGENCY CONTACT DETAILS

Name: [Redacted]

Relationship to member: [Redacted] Contact Number: [Redacted]

MEMBERS AND PARENT/CAREGIVER PERMISSION AND DECLARATION

(Please tick each box and sign below)

- I declare that the information given in this form is true and complete to the best of my knowledge and I consent to the above-mentioned becoming a member of PACT Boxing.
- I give permission that photos and/or video footage recorded during PACT Boxing events, which might include the member, can be used by PACT Boxing or by any third party (such as funders), for advertising and/or marketing purposes, including for possible use on social media (website, Facebook, Instagram, YouTube) .
- I accept that the possibility of injury is inherent in undertaking physical activity (such as boxing training). I will not hold PACT Boxing responsible for any injury or loss associated with the member when attending PACT Boxing.
- I give permission for PACT Boxing to take all responsible action and seek medical attention for the member, should it be required, at my own expense.
- I acknowledge that, in accordance with the provisions of the Privacy Act 2020, the following information has been brought to my attention:
- This form collects sensitive personal information about me and/or a child under my care
 - This information is collected for the following purposes:
 1. To keep in contact with our members, as well as parents/caregivers
 2. To assist with funding applications and for statistical analysis (at times by third parties).
 - The intended recipients of the information are the PACT Boxing/Management staff who are directly involved with the member in my care who is attending PACT Boxing.
 - Registration forms will be kept for a period of two years then destroyed. Members will be required to update the form if they remain a member.
 - Membership data will be held in electronic form, alongside financial information, and this will be kept for a period of seven years (to fulfil financial/tax obligations) before being anonymised or destroyed.
 - The Privacy Act 2020 provides members and parents/caretakers rights of access to, and correction of, personal information held by PACT.
- I understand that transportation could be provided either before or after training or to boxing events using PACT or PACT Staff vehicles and provide consent.

If you have any questions about any of the matters raised above, please contact us.

MEMBER'S SIGNATURE	DATE SIGNED	PARENT/ CAREGIVER'S SIGNATURE (if under 18 years old)	DATE SIGNED