



Participant Registration Form

Please print clearly in block letters as this is what shows on your files

Please indicate which level you are Registering for:

Bronze:
(Age 14+)

Silver:
(Age 15+)

Gold:
(Age 16+)

Previous levels completed:

Bronze:

Silver:

PARTICIPANT DETAILS:

First Name Last Name

Home Address

City Postcode

Home Telephone () Date of Birth / /

Mobile () Please tick appropriate box Male Female

Email Address

ETHNICITY

Please indicate (tick) which ethnic group you belong to. If you belong to more than one, please tick the one you most identify with. This information is used for statistical purposes and funding applications.

New Zealand Maori	[]	Chinese	[]	Other Asian *	[]
New Zealand European	[]	Korean	[]	Other Pacific Island *	[]
Samoan	[]	Japanese	[]	Other Nationality*	[]
Tongan	[]	Indian	[]		

** please state country*

AWARD UNIT DETAILS

AWARD UNIT School/Organisation

AWARD LEADER NAME

I agree that the above information may be kept on record by The Duke of Edinburgh's Hillary Award to be used for Award purposes. I agree that any photos, videos, quotes or comments that are made by or are of the participant can be used by The Duke of Edinburgh's Hillary Award. This includes, but not limited to, using the information and materials for commercial marketing, promotional, statistics and/or funding purposes. Personal information provided to the Award will not be used or given to third parties.

Signed / /
Participant Date

Parent/Guardian Name (please print).....

Parent/Guardian Signature.....

Thank you for completing this form. Please now hand it back to your Award Leader with your payment so they can forward this form to the National Office and get your Record Book.