



Tauranga Half Young Entrants Application

<u>Participant Name:</u>	
<u>Participant Age:</u>	

As the participant is under 18, I am their legal guardian/caregiver and am consenting on their behalf that they are physically capable of competing in the event and I agree to the Terms and Conditions.

<u>Parent/Guardian Name:</u>	
<u>Parent/Guardian Signature:</u>	

In the unlikely event of you requiring medical attention on the day of the event, do you have any medical conditions that our medical team should be aware of?	<input type="checkbox"/> Asthma <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Diabetes (Non-Insulin Dependent) <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Epilepsy <input type="checkbox"/> Any known allergies to medicine: _____ <input type="checkbox"/> N/A	
	Other:	

<u>Please list any previous events they have competed in:</u>	
<u>Additional comments:</u>	

*Please attach proof of metrics