



NiuMovement
SELF REFERRAL FORM

NiuMovement Family Details:

Parents Names

First Name	Last Name	Date of birth/Age	Gender
_____	_____	_____	Male/Female
_____	_____	_____	Male/Female

Children's Names

First Name	Last Name	Date of birth/Age	Gender
_____	_____	_____	Male/Female
_____	_____	_____	Male/Female
_____	_____	_____	Male/Female
_____	_____	_____	Male/Female
_____	_____	_____	Male/Female

First Name	Last Name	Date of birth/ Age	Gender
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Other Family members Names

_____	_____	_____	Male/Female
_____	_____	_____	Male/Female
_____	_____	_____	Male/Female

Address: _____

Email: _____

Phone: _____ Ethnicity: _____

How did you find out about the programme? _____

**By signing, I confirm that my family is interested to join the programme and allow all details to be passed to the Pacific Instructor who will provide advice and support.*

Signed* _____ Date: _____

Please either **RETURN THIS FORM TO THE SCHOOL RECEPTION DESK, EMAIL** the referral to: annat@harboursport.co.nz, or **FAX** to (09) 415 4594