REGISTRATION FORM - AUCKLAND INTERSCHOOL ADAPTEDSPORTS DAY

Primary E-mail: ecadmin@mrps.school.nz (Mel Sannum) Fax: **620 7197**

Intermediate E-mail: mgaiqui@mri.school.nz (Margaret Gaiqui) Fax: **629 2611**

Registrations close: 15 March 2019

OPTIONS TO WRITE IN 'CATEGORY' COLUMN	
Ambulant – Dev (able to walk/run, but skill is still developing)	**Wheelchair/Buggy – Dependent** (unable to self-propel)
Ambulant - High (very able – to walk / run)	**Wheelchair – Independent** (developing skills)
Walking Frame (or Quad sticks)	**Wheelchair – Independent**

REGISTRATION FORM – multiples

Please print contestant's "name" in **block capitals (**to avoid incorrect spelling). Tick appropriate boxes

Name of School:		**Primary** (tick)	
		Intermediate (tick)	
Contact Person:		**E-mail:**	

Name of student (CAPITALS)	**AGE**	**PREF. AGE**	**CATEGORY** There are 2 columns as s*ome contestants might use a wheelchair when participating in the 'Circuits' (e.g. throwing activities) but prefer to use a walking frame during their 'Race.'* ***Refer to table above***	
			Circuits	**Race**