TE KĀHUI RANGATAHI O TE ATIAWA

REGISTRATION FORM

Closing date for guaranteed T-Shirt size is 5pm on 18 October 2019

Personal Information

Surname:_____ First names: _____

Address: _____ Email:_____

_____ Phone:_____

Hapū:_____ Marae:_____

Doctors Name:_____ Doctors Phone:_____

Age:_____ Date of Birth:_____

(*If you are 13 or 17 years old, you must be accompanied by an adult who will actively supervise and also sleep over*)

Name of Guardian:_____Mobile: _____

Important information:

Parents need to ensure that their tamaiti/tamariki arrive and depart at the appointed times. If there are any emergencies that would interefere with travel arrangements please contact the organiser at teatiawa.rangatahi@gmail.com as soon as possible.

*The Facilitator/Coordinators will be implementing a '**Zero Tolerance**' policy for drugs, alcohol and physical violence. The Facilitator will be contacting parents to pick up their tamaiti/tamariki if they have been involved in any of these acts.*

Parent/Guardian/Caregiver Details

Name(s):_____

Address:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ Relationship to participant:_____

Medical Disclosure

Do you have any medical conditions we may need to know about? No/Yes

*Details:*_____

Have you had any serious injuries that may affect you? No/Yes

*Details:*_____

Have you had any illness in the last two months? No/Yes

*Details:*_____

Are you on any medication? *(NB: Please bring this with you as well as spare medication)* No/Yes

*Details:*_____

Do you suffer from any allergies? No/Yes

*Details:*_____

Do you have any special dietary requirements? No/Yes

*Details:*_____

Is there anything that we should know about you? No/Yes

*Details:*_____

T-Shirt size: (please circle one) S M L XL XXL XXXL

(*Please note: If you do not register before 5pm 18 October 2019, we cannot confirm that you will receive the correct t-shirt size*)

Medical Consent

In case of severe allergic reaction to a wasp/bee sting, I give permission for the Facilitator/ Coordinators to supervise the self-administration of antihistamines to _____*(participants name).*

Risk Management Consent

When taking part in any activity, risks are encountered. These risks are managed by the Facilitator/Coordinators who make decisions about acceptable risks, whilst enabling participants to build their skills, knowledge, experience, confidence and judgment. Facilitator/Coordinators will make decisions on behalf of the group about the acceptability of certain risks. Participants must follow the instructions of Facilitators/Coordinators in regards to safety and risk management.

Participants Consent

I understand that there are risks associated with activities in the outdoors. I am aware that the Facilitator/Coordinators will take all reasonable steps to manage these risks to an acceptable level and to set appropriate safety standards. At any time during the wānanga I understand that I am free to ask information on an activity and make my own decision on the level of involvement suitable for me alone. Where the level of risk has been stated unacceptable by a facilitator, coordinator or me, I agree to refrain from taking any actions affecting the safety of myself or others whilst I am taking part in this wānanga. I also acknowledge that images can be taken of me while at this wānanga and that these images can be used for promotional and educational purposes.

Participants Signature: _____ Date: _____

Parent/Guardian/Caregiver Consent

I, _____ the parent/guardian/caregiver of _____ *(participants name)* understand that the Facilitator/Coordinators will take all reasonable steps to manage risks to an acceptable level and to set appropriate safety standards.
Where _____ *(participants name)* does not comply with instructions of the Facilitator/Coordinators with regards to safety or risk management; I acknowledge that the Facilitator/Coordinators may not be held responsible for any outcome. If my child is of the ages 13 to 17, I accept that myself or a responsible adult will actively supervise and sleep over at the wananga. I also acknowledge that images can be taken of my tamaiti/tamariki while at this wānanga and that these images can be used for promotional and educational purposes.

Parent /Guardian/Caregiver Signature: _____

Date:_____

Please email a copy of the completed and signed registration form to teatiawa.rangatahi@gmail.com or post to Rangatahi Wānanga, 35 Leach Street, PO Box 1097, New Plymouth.