



## REGISTRATION FORM

Closing date for receiving registrations is 5pm on 8 September 2020

### 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 interfere with travel arrangements please contact the organiser at [teatiawa.rangatahi@gmail.com](mailto: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 8 September** 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*).

#### **COVID-19 Guidelines**

We will be monitoring the situation and the wānanga will be based on requirements for events. The venue (Owae Marae) has strict health and safety procedure in place. You shouldn't participate in any gatherings if you have COVID-19 symptoms or if you need to be in isolation for any reason.

#### **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 \_\_\_\_\_ (*participant's 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](mailto:teatiawa.rangatahi@gmail.com) or post to Rangatahi Wānanga, 35 Leach Street, PO Box 1097, New Plymouth.*