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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KARORI PIRATES JUNIOR CAMP REGISTRATION | | | | | | | | | | |
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|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | | Sex | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Mobile Phone |  | Home Phone | | |  | Mobile Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| Email Address | | |  | Email Address | | | | | | |
|  | | |  |  | | | | | | |
| Childs Swimming Squad e.g. Stingrays, Electric Eels, Seahawks | | |  | Please list previous swim camps attended e.g. 2015 or first time | | | | | | |
| In the event of a grant or fundraising, we will provide a partial refund of camp fees. Your account details will be kept confidential. | | | | | | | | | | |
| Bank Account Number | | | | | | | | | | |
|  | | | | | | | | | | |
| Bank Account Name | | | | | | | | | | |
| MEDICAL INFORMATION | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Name of Medical Practice your child is enrolled at | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Doctors Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| My child **has/has not** had the full series of three anti-tetanus injections | | | | |  | Date of last injection | | | | |
| |  |  | | --- | --- | | Please provide details of any medical information that would be helpful or essential for Camp Management to know. This includes information about asthma, sleep walking , allergies etc |  | | Please list medications your child will take at camp.  Parents must hand in medication to camp management to ensure their child’s safety and the safety of others. |  | | | | | | | | | | | |
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| SPECIAL NUTRITION REQUIREMENTS | | | | | | | | | | |
|  | | | | | | | | | | |
| Campers need to list any dietary requirements in relation to allergies, medical conditions or religious beliefs. This does not mean food preferences! We are able to cater for necessary diet requirements. Please note we may ask parents to provide additional food at their cost e.g. gluten free bread or coconut ice-cream for children with special dietary needs.   |  |  | | --- | --- | | Special Dietary Requirements/allergies  (please provide details): |  | | Details of care and emergency procedure from allergic reaction: |  | | | | | | | | | | | |
| WELLBEING INFORMATION | | | | | | | | | | |
| |  |  | | --- | --- | | Please provide us details that are useful for camp parents or coaches to know about your child for us to be able to support them to participate and have fun at camp. |  |  |  | | --- | | **CONSENT** |   In registering to attend camp, we agree:   1. To the policies and rules outlined in the camp information kit 2. To Camp management accessing medical assistance or first aid as required. Parents agree to pay for any medical costs incurred on camp. 3. To Camp management administering Pandol for pain or fever relief if required. 4. To children travelling in the vehicles of Camp management and venturing on excursions at camp. 5. To collect our child from camp at any point due to health or behavioural reasons at the discretion of camp management. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
| Submission via electronic methods is sufficient for agreeing to the consent/agreement for camp. | | | | | | | | | | |