

New Adventures Club Enrolment Form

Please tick as appropriate

internal use only: club # _____

Term 4 2009 – Tuesdays 6 sessions

Term 4 2009 – Wednesdays 8 sessions

Term 1 2010

Enrolment / Contact details (please fill out clearly ☺)

| Child's first name | Child's middle name (s) | Child's surname | DOB | M / F | Child's Mobile | School |
|--------------------|-------------------------|-----------------|-----|-------|----------------|--------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

Contact details will be used for internal promotions only to advise them of upcoming programmes/events

| Address (line 1) | Address (line 2) | Address (line 3) | Address (line 4) |
|------------------|------------------|------------------|------------------|
| | | | |

| Child's first name | Swimming Ability | Beg / Inter / Advanced | Ability / History |
|--------------------|------------------|------------------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| Parent's first name / primary guardian | Last name | Home Phone | Mobile |
|--|-----------|------------|--------------|
| | | | |
| Work Phone | Email | | Relationship |
| | | | |
| Parent's first name / secondary guardian | last name | Home Phone | Mobile |
| | | | |
| Work Phone | Email | | Relationship |
| | | | |

| Alternative Pick up / Emergency contact's first name | last name | Home Phone | Mobile |
|--|-----------|------------|--------------|
| | | | |
| Work Phone | Email | | Relationship |
| | | | |

Intellectual / Emotional / Behavioural Details (including custody/family arrangements, special needs, currently under a CYFS programme, behavioral aspects, etc.) Please use separate page if required or for multiple children. This helps us provide the best care possible for you child and will not effect your enrolment. A behavioural action plan or personal assistant may be required to ensure this best care service.

People authorised to pick up your child/ren are:

Medical / Dietary / Physical Details (including food allergies, travel sickness, injuries, medicine etc) (vegetarian, vegan, gluten intolerant etc) Please use separate page if required or for multiple children.

NB: All guardians - Please fill out medicine consent form attached

Date of last tetanus injection: _____

| | | | |
|---------------------|--------------------|-------|--------|
| Doctor's first name | Doctor's last name | Phone | Mobile |
| | | | |
| Medical Centre | Email | | Other |
| | | | |

Child's swimming ability: (circle one) None / Poor / Average / Good = swim 25m unaided (length of Youthtown pool)

Youthtown's purpose is to meet the needs of the community. We aim to do this by delivering engaging social, physical and creative experience where kids can develop a sense of achievement and develop an optimistic vision of the future. Please assist us to provide the best camps and programmes possible and ensure we are meeting the needs of the community by answering the following. We will also provide a feedback form on completion of the programme.

How did you find out about the Camp?

- Radio Ad Holiday Programme Brochure Youthtown Centre Print Ad
 Email Outdoor Programme Brochure School Letter Website
 Other _____

Please advise what type of programmes are of interest to you?

- Multi activity after school club Specialised sport after school club
 (e.g. climbing/snow/kayaking etc)
 Multi activity summer camp Specialised sport summer camp
 (e.g. wind sports / bush craft etc)
 Multi activity spring/autumn camp Specialised sport spring/autumn camp
 (e.g. surfing / paddling sports etc)
 Multi activity winter camp Specialised sport winter camp
 (e.g. snow / sailing etc)

I give consent for photographs of my child to be used for Youthtown promotional purposes only.

Yes No Signed: _____ Parent/Guardian: _____

Medicine Consent Form

Please supply completed form if applicable to your coordinator and advise of any special needs.

Youthtown Copy

Name of child: _____

Date/s to be administered: from: _____ to: _____

| | |
|--|---|
| Name of medicines Youthtown are authorised to administer. (e.g Panadol, inhaler, anti nausea, anti histamine etc): | Details of dosage, administering instructions etc: (Use separate page if necessary) |
| | |
| | |
| | |

I give consent for the detailed medicine to be administered as above to:

Child's name _____

Parent/Guardian Name: _____

Parent/Guardian Signed: _____ Date _____

Office use only

| Date | Time | Name of Medicine | Dosage | Staff Member | Staff Signature |
|------|------|------------------|--------|--------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TERMS AND CONDITIONS - Please read this important information

Youthtown Copy

MEDICAL AND PHYSICAL INFORMATION

Youthtown believes our camps and activities are for anyone reasonably fit and well. It is your responsibility to advise us at the time of booking of any medical condition, physical/mental disability or behaviour that requires any special treatment or attention. Youthtown reserves the right to decline your booking on the grounds that safety could be compromised.

LIMIT OF LIABILITY

Youthtown is committed to providing safe clubs, activities and environments. While all care will be taken during clubs and activities, there is an element of risk involved with all activities. By participating in any of the activities provided by Youthtown, you are expressly assuming those risks personally. Youthtown and its staff cannot be held responsible for personal injury or loss or damage to belongings.

BEHAVIOUR

Club Leaders follow Youthtown's behaviour guidance policies. They will not tolerate any behaviour (including violence and bad language) which impinges upon the physical or mental safety of supervisors or other campers. If a child's behavior is deemed unsafe or impacts the safe delivery of the programme, the coordinator can enforce immediate exclusion or take steps in the exclusion process. Youthtown clubs have a strict no smoking, drugs, and alcohol policy.

Any breaches of these rules will result in the parent/guardian being contacted and asked to make arrangements for their child to be removed from the programme at the expense of the parent/guardian/s. Any cost accrued as a direct result of the incident shall be at the expense of the parent/guardian/s.

CANCELLATION POLICY

Bookings that are cancelled by the customer, for whatever reason, are treated as follows.

| | |
|---|-------------|
| Outside one month prior to start date | 100% refund |
| Two weeks → one month prior to start date | 70% refund |
| One week → two weeks prior to start date | 50% refund |
| Two working days → one week prior to start date | 20% refund |
| Within two working days of start date/failure to attend | 0% refund |

The coordinator has the right to alter these conditions under special circumstances.

Youthtown reserves the right to cancel/postpone any club/activity or course. Youthtown will always endeavour to make alternative arrangements that suit both parties. If cancelled due to circumstances beyond our control you will receive a refund minus a 10% administration fee.

PAYMENT ARRANGEMENTS

Payments can be made via cash, cheque or credit card. Please see below for payment options.

A 30% deposit is required one month prior to club commencement date to secure space. Full payment is required two weeks prior to start date to secure space otherwise Youthtown reserves the right to refuse attendance.

LOSS OR DAMAGE OF GEAR

In the event of any gear (borrowed or hired) is damaged, lost or stolen while assigned to your child, the full cost to fix or replace the item will be paid by parent/guardian to Youthtown within 7 days after returning from activity.

NOTE: Outdoor Programme Coordinator's will assess the safety issues surrounding the participation of all individuals, and reserves the right to restrict participation based on medical or physical condition in regard to the safe operation of the activity and other individuals involved. We may ask to meet with you and your child so we can get more information on how to take as best care for your child as possible.

Parent/Caregiver Declaration: I agree to the above application. I authorise that in the event of a medical emergency, Youthtown staff or appropriate medical staff will administer care for my child. I understand that my child will be held responsible for his/her behaviour. I accept that, at the discretion of Youthtown Staff, I may be requested to come and remove my child from the club, at my own expense.

By signing the Registration and Booking Form you agree to the Terms and Conditions attached.

Please ask reception staff if you would like a photocopy of the terms and conditions sheet for your own record.

Signed: _____ Parent/Guardian

Date: _____

Payment Sheet T409

Please supply completed form to your coordinator and advise of any special needs.

Youthtown Copy

Please tick as appropriate and enclose fee.

Option 1 (Tuesdays 6 sessions):

Option 2 (Wednesdays 8 sessions):

\$45 – booking deposit
(required one month prior to start date)

\$65 – booking deposit
(required one month prior to start date)

\$105 – balance of Club fee
(required two weeks prior to start date)

\$150 – balance of Club fee
(required two weeks prior to start date)

\$150 – full fee
(if booked within two weeks prior to start date)

\$215 – full fee
(if booked within two weeks prior to start date)

Total Fee Enclosed: \$ _____

The balance or full payment must be paid 2 weeks before club commencement

Payment options:

| Type | How | For office use only |
|---------------|---|---------------------|
| Credit card | Phone 09 379 5430, email to fiona@youthtown.org.nz stating payment of club in subject heading or add to enrolment form. | |
| Cheque | Made out to <i>Youthtown Inc</i> Post To: Attn: Outdoors Program, Youthtown, PO Box 5899, Wellesley St., Auckland 1141. | |
| Cash / Eftpos | Payment to be made at Youthtown Reception, 68a Nelson Street, Auckland City | |

Credit Card Details:

Name on Card: _____

Type of Card: Mastercard/ Visa/American Express

Card Number: _____ Exp Date: _____

| | | |
|--|-----------------------------|-------------|
| YOUTHTOWN STAFF USE ONLY: | | |
| Amount Paid: _____ | Receipt No: _____ | Date: _____ |
| Paid in full: <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Balance Remaining: _____ | | |
| Reception Staff Member - Name: _____ | Sign: _____ | |
| Final payment (date) _____ | Receipt No: _____ | |
| Reception Staff Member - Name: _____ | Sign: _____ | |