

YOUTHTOWN

SKI CAMP - ENROLMENT FORM

CAMP NUMBER: _____ CAMP DATE: _____

PARTICIPANT'S DETAILS

Full Name: _____

Address: _____

Mobile: _____

Email: _____

Age: _____ DOB: _____ MALE / FEMALE (Please Circle)

PARENT / GUARDIAN'S DETAILS

Parent/Guardian A: _____ Parent/Guardian B: _____

Phone Numbers:

Home: _____ Home: _____

Work: _____ Work: _____

Mobile: _____ Mobile: _____

Email: _____ Email: _____

ALTERNATIVE / EMERGENCY CONTACT

Name: _____

Phone Numbers Home: _____

Work: _____

Mobile: _____

MEDICAL CONDITIONS: (Please Tick Appropriate Boxes)

- | | | | | | |
|----------|--------------------------|----------------------|--------------------------|----------------|--------------------------|
| Asthma | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | ADHD | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Claustrophobia | <input type="checkbox"/> | Deafness | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Dietary Restrictions | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | Severe phobias | <input type="checkbox"/> |
| Vertigo | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | | |

If ticked any of the above please elaborate in further detail. (Please use separate page if needed).

Is there anything else we should know about in order to take good care of your child? eg, custody arrangements, special needs, currently under a CYPS programme, behavioral aspects etc. (Please use separate page if needed).

Medication needed: (Apart from inhalers all medication is to be given to Youthtown Instructors prior to departure). **NB: Please fill out a medical consent form attached.**

Dietary Information: Vegetarian YES NO _____

Impairment/Disabilities: (How does the disability affect your child?)

Doctor's Name: _____

Doctor's Contact Phone Numbers / Medical Centre Details: _____

Date of last tetanus injection: _____

Child's swimming ability: (circle one)

None / Poor / Average / Good = swim 25m unaided (length of Youthtown pool)

How did you find out about the Camp?

- | | | |
|--|---|---|
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Holiday Programme Brochure | <input type="checkbox"/> Youthtown Centre |
| <input type="checkbox"/> Print Ad | <input type="checkbox"/> Outdoor Programme Brochure | <input type="checkbox"/> Email |
| <input type="checkbox"/> School Letter | <input type="checkbox"/> Website | <input type="checkbox"/> Other _____ |

YOUTHTOWN

TERMS AND CONDITIONS

Please read this important information

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 camps, activities and environments. While all care will be taken during camps 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 and Youthtown and its staff cannot be held responsible for personal injury or loss or damage to belongings.

BEHAVIOUR

Camp 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. Youthtown camps have a strict no smoking, drugs, and alcohol policy. Any breaches of these rules will result in the parent/guardian being contact 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, for whatever reason, are treated as follows. Customer bookings that are cancelled more than 7 days prior to the start date are entitled to a full refund. Booking cancelled within 7 days and with more than 48 hours notice before the start time are subject to a cancellation fee of 20% of the full camp cost. For failure to attend, or where bookings are cancelled with less than 48 hours notice, there will be no refund of camp activity fees and the full fee will be due.

PAYMENT ARRANGEMENTS

No telephone bookings. A **\$200 deposit** is required seven days prior to camp departure date. The **\$100** is a deposit to secure a space, and **\$100** is a deposit (**Refundable**) for loss of equipment. Any loss or breakage of equipment in excess of \$100 will be your liability. You are able to make payments between booking the camp and the closing date to pay off the cost of the camp using the payment methods below. However, the balance or full payment must be paid by **7 days before departure date**, otherwise Youthtown reserves the right to refuse attendance.

LOSS OR DAMAGE OF GEAR

In the event that any gear that is borrowed or hired is damaged, lost, or stolen the full cost to fix or replace the item will be paid to Youthtown within 7 days after returning from camp.

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.

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

Yes No Signed: _____ Parent/Guardian: _____

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 camp, 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: _____

YOUTHTOWN

PAYMENT SHEET FOR CAMP

Please tick appropriate boxes and enclose the appropriate fee.

- | | |
|---|---|
| <input type="checkbox"/> \$100 – Booking deposit | <input type="checkbox"/> \$100 - Equipment Loss Deposit [returned after camp] |
| <input type="checkbox"/> \$420 – Remainder Ski Camp Fee | <input type="checkbox"/> \$25 – Ski Pants Hire |
| <input type="checkbox"/> \$25 – Ski Glove Hire | <input type="checkbox"/> \$25 – Ski Goggle Hire |
| <input type="checkbox"/> \$5 – Sleeping Bag Hire | <input type="checkbox"/> \$25 – Ski Jacket Hire |

Total Fee Enclosed: \$ _____

The balance or full payment must be paid 7 days before departure date

Payment can be made through one of the following options:

- Credit Card Payment
 - Over the phone (Ph: 379 5430 ext 823)
 - On Enrolment Form
- Sending a cheque made out to: *Youthtown Inc*
Post To:
Attn: Outdoors Program
Youthtown
PO Box 5899
Wellesley St.
- Cash/Credit Card/Eftpos/Cheque payment 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: YES NO

Balance Remaining: _____

Reception Staff Member - Name: _____ Sign: _____

Final payment (date) _____ Receipt No: _____

Reception Staff Member - Name: _____ Sign: _____