



# Enrolment Form

**DATE: 14 – 18 January 2019**

This registration form must be completed for **all** prospective participants by their parents/guardians. Further information may be required to accurately determine the suitability of the prospective participant.

Return to: Live Large, WILSS, Private Bag 3105, Hamilton, 3240, Email [zelda@wilss.ac.nz](mailto:zelda@wilss.ac.nz)

Please complete all sections below:

<b>Participants Personal Information</b>		
SURNAME:		CHRISTIAN NAMES:
KNOWN AS:		PHONE NO:
ADDRESS:		
NAME OF SCHOOL CURRENTLY ATTENDING:		CURRENT YEAR OF STUDY: (Example: Yr7) <input type="text"/>
DOB: / /	GENDER: (circle) M / F	Signature of Participant: .....

EARLYBIRD Registration and payment (before 7<sup>th</sup> Jan 19) \$185

Register after 8<sup>th</sup> Jan \$200

Full week attendance is preferred, no daily rate.

Internet banking	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
Cash	<input type="checkbox"/>

<b>To be completed by Parent / Guardian</b>	
<b>NAME &amp; CONTACT OF PARENTS / GUARDIANS:</b> Name:  Address:  Phone: (hme, wrk & mob) Email:	<b>NAME &amp; CONTACT OF PARENTS / GUARDIANS:</b> Name:  Address:  Phone: (hme, wrk & mob) Email:
<b>PEOPLE AUTHORISED TO COLLECT YOUR CHILD: (if different from above)</b> Name:  Relationship to Child:  Phone: (hme, wrk & mob)	<b>PEOPLE AUTHORISED TO COLLECT YOUR CHILD: (if different from above)</b> Name:  Relationship to Child:  Phone: (hme, wrk & mob)
<b>PARTICIPANTS MEDICAL HISTORY:</b> (state medical history such as: disability, asthma, allergies, epilepsy, fear of heights / confinement etc.)	
<b>IS THERE ANYTHING ELSE WE SHOULD KNOW?</b> (state things such as: custody arrangements, special needs etc.)	



## PARENT / GUARDIAN CONSENT FOR PARTICIPATION IN ALL STATED 'LIVE LARGE' ACTIVITIES

**GENERAL STATEMENT:** The Management of 'Live Large' will ensure that all tutors, instructors and / or outside contractors adhere to **health and safety regulations and operate within the guidelines and code of practice** set out by the national body of **Sfrito** (Sports, Fitness and Recreation Industry Training Organisation).

**PARENT / CAREGIVER DECLARATION / DISCLAIMER:** As the parent / guardian of the above participant, I give full consent for my son / daughter to take part in all the stated activities for the 'Live Large' holiday programme from the **14 – 18 January 2019**.

I have read and understand the enrolment information and will notify the Live Large Co-ordinator of any changes.

I understand that whilst all due care and supervision will be undertaken by those in charge, the staff of and including 'Live Large' as an organisation, will not be held responsible or legally liable for any independent or unauthorised action by the above named participant

I agree to WILSS using any photographs taken during this programme to be used for publicity purposes.

**Name of Parent / Guardian:** .....

**Date:**

**Signature of Parent / Guardian:** .....

## **INFORMATION FOR PARENTS**

### **ENROLMENT**

Enrolment Forms must be completed for all children participating in Live Large. Parents/guardians of the child(ren) must complete, sign and return the enrolment form prior to their child(ren) participating in the programme. Live Large cannot accept any child(ren) without an enrolment form being completed and signed by a parent/guardian of the child(ren).

Parents/guardians are responsible for informing the WILSS of information that affects their child's welfare. These changes include, but are not limited to:

- Changes to information given on the enrolment form;
- Custody or access arrangements or protection orders that relate to the child;
- Changes to attendance arrangements; e.g. sickness;
- Administering medication whilst attending the programme.

WILSS will ensure that confidentiality on enrolment details and a child's welfare is kept at all times.

This OSCAR programme is approved by Child, Youth and Family.

WILSS is able to receive OSCAR subsidies from Work & Income. **If you are applying for this, our client number (requested by Work & Income) is 900-030-703.**

### **Banking details for Internet Payment:**

Waikato Institute for Leisure & Sport Studies a/c (ASB) 12-3152-0129931-00

### **FEES**

Fees for January 2019

\$200 per child per week or **Earlybird Special Price \$185**

\$150 per child per week (2 or more children)

### **VENUE**

Live Large is held at Waikato Institute for Leisure and Sport Studies, based at 178 Ruakura Road, TTH2 Building, Hamilton.

### **SIGN IN and SIGN OUT**

On arrival at Live Large, each child must sign themselves in, on the sign in/out form at the entrance. Children are to be collected at the stated finishing time. Children will only be allowed to leave the programme with the people named on their enrolment form or as notified by parents/guardian. We require parents/guardians to "sign out" children when they collect them.

### **STAFF**

There will always be at least 2 staff at the programme and a ratio of 1 adult to 8 children will be maintained.

### **REFUND**

A refund will be given less any costs incurred by Wilss in the booking of activities provided by commercial operators.

### **LIVE LARGE POLICIES AND PROCEDURES**

A copy of our operating manual is available to parents/guardians on request. This includes information on supervision, health and safety, complaints etc...

Please feel free to talk to Live Large staff about any queries or concerns. The programme aims to meet the needs of you and your children.

### **CONTACT PHONE NUMBER**

WILSS Office: 07 839 9908

Stacey Walker: Community Programme Co-ordinator 027-699-8067

RAGLAN ROCK Under 18's Risk Acknowledgement, Disclaimer and Medical Form

THIS IS AN IMPORTANT DOCUMENT please READ IT CAREFULLY BEFORE SIGNING

NAME OF STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

My child understands that these activities involve uneven slippery surfaces, caves, cliff edges, waterfall jumps, rock/tree climbs and abseils that present hazards if they do not follow safety instructions.

My child understand that there is a risk of serious injury or death if they do not follow Raglan Rock's instructions and safety management while undertaking the activity.

I consider my child physically and psychologically capable of participating in these activities.

I acknowledge that the maximum weight to participate is 120kg.

I understand that my child may not participate in the activities if under the influence of any drugs or alcohol.

1. Please tick if your child has any of the following:

Epilepsy	<input type="checkbox"/>	Neck/Back/Head Injury	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Poor Balance	<input type="checkbox"/>
Recent Surgery	<input type="checkbox"/>	Medications	<input type="checkbox"/>	Can't Swim	<input type="checkbox"/>
Recent Illness	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>		<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>		<input type="checkbox"/>		

2. Please mention anything else that the Raglan Rock staff should know about your child to help keep them safe e.g cultural practices, disabilities, pregnancy, behaviour or emotional sensitivities, anxiety: heights/darkness/small spaces etc.

3. Please read and tick the following

- I have read, understood and accept all the terms in this RR Risk Acknowledgement, Disclaimer and Medical Form
- I agree to my child receiving any emergency medical, dental, or surgical treatment as considered necessary by the medical authorities present while undertaking RR activities.
- My child speaks and understand the English language.
- I understand the NZ Accident Compensation scheme provides only limited assistance to visitors to NZ. Any medical costs not covered by ACC or a community service card will be paid by me.
- I agree that this waiver is contractually binding on myself, my successors, my executors, administrators, heirs, next of kin and assigns that should I or any of my successors, executors, administrators, heirs, next of kin or assigns assert a claim in contravention of this waiver the asserting party shall be liable for all the expenses (including legal fees on a solicitor client basis) incurred by the other party or parties in defending the claim.

NAME OF STUDENT GUARDIAN: \_\_\_\_\_

SIGNATURE OF STUDENT GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PERSON'S PHONE

NUMBER: \_\_\_\_\_