Break Away

Registration Form

|  |
| --- |
| Young Person’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age (circle) 11 12 13 14 15 16 17 18 Date of birth: \_\_/\_\_/\_\_ Gender: male / female  Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: (Hm)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Circle) NZ Maori/Cook Is/Samoan/European/Asian/Other – state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Iwi:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical/Behaviour conditions e.g. Allergies, ADHD, dietary requirements:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (continue on back if necessary)  Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you give permission for Aqua Management staff to give basic first aid treatment? (circle) YES NO  I give permission for my child to have their photograph taken while on this programme (circle) YES NO  How do you rate your swimming ability? (tick all that apply)  *None Limited Can tread water unaided Swim two pool lengths unaided*  How did you hear about Break Away? (circle) *Newspaper/Friend/Family/.........................Other* |

|  |  |  |
| --- | --- | --- |
| **Signed**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date**: . . . . . . . . . . . . . . . . .  Break Away Programme dates for participation - please tick below the weeks you will be present.  **Aqua Management reserves the right to change programme content dependent on weather and venue conditions.**  **Please drop registration form off to, Centralines Indoor Pool, 10 River Terrace Waipukurau**  **Or post to Aqua Management Ltd P.O Box 397 Waipukurau** | | |
| |  |  | | --- | --- | | Week One Monday 30th September 2024 | (circle) YES NO | | Week Two Monday 7th October 2024 | (circle) YES NO | |  |  | |
|  |
| **Dear Parents/Caregivers**  Your teen has enrolled in the October ‘Break Away’ programme. This is a free programme for those between **11** and **17** years of age.  **PLEASE NOTE THE PROGRAM RUNS FROM 12.00pm till 5.00pm**  If you have any queries/concerns please contact Michele – Aqua Management Ltd – 027 2487942  **PLEASE REMEMBER TO BRING SHOES, GYM CLOTHING,SWIMWEAR,WATER BOTTLES, AND WARM CLOTHING P.T.O** | | |





Break Away Holidays September/October 2024

Agreement:

* Registration is to be received prior to programme starting.
* Our programme is VAPEFREE & SMOKEFREE and SUPPORTS HEALTHY LIVING.
* I give permission for my child to participate in the activities scheduled.
* Aqua Management and the staff are not responsible for children before or after the times notified on the programme.
* If my child has special circumstances I will notify staff of their requirements and implications they may cause.
* I do give permission for my child to use sunscreen when they are exposed to the sun.
* I do permit my child to swim in a supervised situation on days that swimming is not a programmed activity i.e. river, pond, beach or public swimming pool.
* Aqua Management reserves the right to change an activity and will provide notification as soon as possible.
* Children must be checked in on arrival and signed off when collected by the authorized parent/caregiver or I will provide written notification for my child if they are allowed to sign themselves in and/or out.
* Parents/caregivers are welcome to observe their children while on the programme however if the staff feel that this is an effect on the participants or activity they will be asked to leave. Any cost is at the parents/caregivers expense.
* Our programme is **operated by Aqua Management Ltd;** therefore we expect youth to have a neutral affiliation while on the programme. **AVOID** wearing gang associated items or clothing. Failure to follow this will result in being excluded and/or asked to leave the programme.
* If staff believes a participant is behaving in a way that is harmful to either self, other youth and/or staff, they will be asked to leave the programme. In most cases, the **Police** will be contacted.
* Recognising that staff will do their best to ensure a safe experience, I acknowledge that Aqua Management and its staff will be free and clear of all liability in the event that any injury, damage or loss is sustained by my child or to personal effects. This includes items of value; e.g.: cell phones, money etc.

Signed: (Parent/guardian) ……......................................................... Date: ...................

Additional people authorized to collect:

Name/Phone: . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Name/Phone: . . . . . . . . . . . . . . . . . . . . . . . . . . .

|  |
| --- |
| **SIGNING IN & OUT: Permission during Break Away Holiday Programme**  I give permission for (my child) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (full name)  to sign themselves IN (circle) and/or OUT (circle) |

Signed: (Parent/guardian) Date:

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Aqua Management maintain accurate records in accordance with the Privacy Act 1993 and other relevant legislation. No information is shared except with the owner’s permission or as required by authorized staff, legislation or statutory agencies.