

# Māori Tourism Cultural Camps Registration Form

## General information

### COVID-19

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All Camp Hosts reserve the right to ask students to take a RAT test before attending camp. If students are unwell, they should stay home.

### Activities

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Your child will be taking part in a residential programme and undertaking a number of educational activities which may include:

- ▶ Classroom activities
- ▶ Cultural ceremonies
- ▶ Food preparation and cooking
- ▶ Traditional weaving
- ▶ Traditional carving
- ▶ Group performance
- ▶ Team building
- ▶ Workshops/role plays
- ▶ Outdoor activities

### Images/video

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Activities undertaken by your child may be videoed and photographed.

The images, video and story relating to this event may then be used by ServiceIQ and the Gateway Camp in publicity, marketing and training material.

Your child is welcome to bring a camera, however may only use it in areas and at times approved by a Gateway Camp representative.

### Meals

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Catering requirements will be arranged by the Gateway Camp. Your child's special dietary requirements can be noted on the Health Information Form.

### Cash

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It is advisable that your child has a small amount of cash for any personal purchases they wish to make.

### Clothing and equipment

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A comprehensive equipment list is included with this document. Please ensure that your child is in possession of all of these items.

# ServiceIQ Māori Tourism Cultural Camps Student Registration Form

To be completed by each student enrolled in ServiceIQ's Māori Tourism Gateway Programme and sent to ServiceIQ\*.

## Student details

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Please use your legal names as they appear on your NZQA record.

First name(s):

Surname:

Preferred name:

Date of birth:

Height:

NZQA NSN number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Student contact phone number:

Student email (Please print student email clearly):

Ethnic origin:

Iwi:

<input type="text"/>	<input type="text"/>
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School year:

Year 12

Year 13

Gender:

Male

Female

Gender diverse

What is your confidence level of speaking Te Reo Māori?

Not confident

Somewhat confident

Confident

Very confident

Fluent

## School details

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School name:

Camp location:

Camp date:

<input type="text"/>	<input type="text"/>
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Gateway coordinator:

Phone:

Fax:

<input type="text"/>	<input type="text"/>
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Email:

\*ServiceIQ is part of Te Pūkenga – New Zealand Institute of Skills and Technology

## Parental approval form

### Emergency contact details

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Name (Emergency contact):

Relationship:

Address:

  
  

Day phone:

Evening phone:

Cell phone:

Email:

## Parental consent

I agree to my child taking part in this event and have read the Activity Summary including the section on images/video. I agree to their participation in this event. I acknowledge the need for them to behave responsibly and participate accordingly in the programme. I agree that should my child's behaviour not be maintained at the required standard, that the Gateway Camp (the provider) is entitled to remove them from the programme and return them to my care.

### Acknowledgement of risk

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I have read the Activity Summary and I understand that there are some risks associated with involvement in these activities and that these risks cannot be completely eliminated. I understand that the provider will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards.

I know that I am able to ask any questions of the provider about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the activity leader.

I understand that the provider does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

#### To be read and signed by parent/caregiver of the participant.

Print name:

Signed:

Date:

## School notification/Consent form

**To be read and signed by the School's Principal (and/or chair of the board of trustees).**

School

This is to confirm that the School has been advised that the participant is taking part in this event.

The School agrees that should the participant's behaviour not be maintained at the required standard, that a Gateway Camp representative is entitled to remove them from the programme and return them to their parents/caregivers custody. Should this happen the Gateway Camp is not required to refund any course fees and may invoice the participant's School for any additional costs associated with transporting the participant home.

It also confirms that an authorised representative of the School has read the Activity Summary and approves the participant undertaking this event as a representative of the School.

Print name:

Position held:

Signed:

Date:

## Health information form

PRIVACY INFORMATION: The information supplied on this form will be used to assist the Gateway Camp in risk management planning as well as medical personnel in the event of a sudden illness or injury. It will not be disclosed to anyone else. Please complete this form fully and accurately and sign and date it.

### Medical conditions

Please tick if your child has any of the following:

<input type="checkbox"/> Migraine	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Travel sickness	<input type="checkbox"/> Allergies or food intolerance
<input type="checkbox"/> Other <i>(describe below)</i>	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Colour blindness	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Chronic nose bleeds

Please describe any other medical conditions:

Please provide more information about the degree of your child's medical condition(s) as there is a lot of walking involved during the camp:

Medic alert number (if applicable):

Is a health plan required?  Yes  No – If yes – please provide plan:

Please list any recent injuries or illnesses:

### Medication information

Please provide details of any medications currently being used or carried for use if needed (include dosage details).

Condition is for:

Name of medication(s):	Dosage/times to be taken:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Allergy information

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Allergy to:	What treatment is required
<input type="checkbox"/> Prescription medicine:	
<input type="checkbox"/> Foods: <input type="checkbox"/> Allergy <input type="checkbox"/> Intolerance	
<input type="checkbox"/> Insect bites/stings:	
<input type="checkbox"/> Other allergies:	

## Other information

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Please state if you or your child has been in contact with any contagious or infectious diseases within the two months prior to this event, or if your child has any **special dietary requirements**.

Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems.)

If yes, please state or attach the information:

## Emergency medical treatment

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I have completed the details on the health information form carefully and accurately. I agree that the Gateway Camp may seek medical treatment for my child if in their opinion it is necessary or an emergency. The costs of any such treatment will be recovered in full from the parent or legal guardian of the participant.

Name of parent/caregiver:

Signature of parent/caregiver:

Date:

## Cultural and religious form

PRIVACY INFORMATION: The information supplied on this form will be used to assist the Gateway Camp in risk management and activity planning. It will not be disclosed to anyone else. Please complete this form fully and accurately.

### Cultural requirements

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Please detail any cultural requirements or customs that we as event organisers will need to be aware of to ensure that your child has an enjoyable and positive experience while in our care.

### Religious requirements

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Please detail any religious requirements or customs that we as event organisers will need to be aware of to ensure that your child has an enjoyable and positive experience while in our care.



## Disabilities or Learning Challenges

Does your child have a disability or learning challenge that might impact their ability to complete this training?

Yes       No

If yes, what is their disability or learning challenge? *(Tick all that apply)*

*This information will let us know how we can best support your child through their cultural camp experience*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> Autism Spectrum Disorder<br>including Asperger Syndrome | <input type="checkbox"/> Blindness and vision<br>impairment | <input type="checkbox"/> Hearing<br>impairment |
| <input type="checkbox"/> Mental Health  | <input type="checkbox"/> Medical conditions                                      | <input type="checkbox"/> Physical or mobility<br>impairment | <input type="checkbox"/> Dyslexia              |
| <input type="checkbox"/> Other specific learning disabilities including dyscalculia and dysgraphica |  |   | <input type="checkbox"/> Dyspraxia             |
| <input type="checkbox"/> Other (specify below)  |  |   |  |

## Miscellaneous information

Please detail other information that we as event organisers will need to be aware of to ensure that your child has an enjoyable and positive experience while in our care.

## Equipment list

The following will assist your child to comfortably undertake the range of activities in the programme. Contact your child's school in the first instance if you have concerns relating to any of these items.

- Pencil case with pens
- Sports clothing and shoes
- Day wear for **five** days (shirts, pants, underwear, socks)
- Sensible shoes (suitable for bush treks on established paths)
- Warm clothing (suitable for outdoor evening activities)
- Sun hat/cap, sunglasses
- Raincoat
- Sleepwear
- Torch
- Toiletries (include sunscreen, insect repellent, tissues)
- Towel
- Water bottle
- Camera (spare batteries/charger)
- Cellphone (and charger)
- One sheet (fitted sheet preferred)
- Sleeping bag and pillow
- Empty drink bottle and lunchbox (can be ice cream container)
- Togs/swimming shorts and extra towel, for term 1 and 3 (for Waitomo only)*