



REGISTRATION FORM

This registration form is to be complete by all potential participants and/or caregivers and returned to Recreate NZ prior to attending Recreate NZ Programmes

PARTICIPANT DETAILS

First Name Surname Gender **Date of Birth Ethnicity** Do you consent to photographs being ☐ Yes □ No taken for possible publicity use? **PARTICIPANT HEALTH DETAILS Primary Disability/Condition Secondary Disability/Condition** Does your child have any known allergies? Does your child have any medical conditions? Does your child take any medication? Has your child experienced seizures? ☐ Yes □ No If yes, are seizures likely to happen again and how can we manage this if so?









MOBILITY AND FITNESS Does your child need assistance with walking? (e.g. Wheelchair, uneven surface) How would you describe the **Poor Average** Good **Excellent** participants swimming ability? How would you describe the **Excellent** participants fitness? **Poor Average** Good Does the participant have hearing (aids) or vision impairments? If so, please specify. DIET Does your child require assistance ☐ Yes ☐ No eating/drinking Does the participant have special dietary requirements? **PERSONAL CARE** Does the participant need assistance dressing? If yes, please specify the area of assistance. Does the participant need assistance showering? If yes, please specify. Does the participant need assistance with toileting? If yes, please specify area of assistance. Does the participant require strict ☐ Yes ☐ No toileting reminding during the day/night? **SOCIALISATION & BEHAVIOUR** When in new environments what helps the participant feel safe and comfortable? Does the participant have any behavioural difficulties we need to be aware of? Does the participant have any difficulties with speech? Does the participant have difficulty understanding or listening to instructions? How does the participant respond to challenging situations?



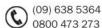








PARENT	GUARDIAN DETAILS	
First Name		
Last Name		
Email Address		
Mobile Phone Number		
Home Phone Number		
Address – Street & Suburb		
Address – City & Postcode		
Relationship to Participant		
PARTICIDA	NT CONTACT DETAILS	
Participant Email	IN CONTACT DETAILS	
Participant Phone Number		
EMERGENCY CONTACT		
First Name		
Last Name		
Email Address		
Phone Number		
Relationship to Participant		
FAMILY DOCTOR		
Clinic Name	WHET BOCTOR	
Doctor's Name		
Phone Number		
FUNDING		
What type of funding do you receive?	☐ Carer Support	☐ Other
	☐ Individualised Funding	☐ No Funding
If you ticked 'Individualised Funding' or 'Other' please specify the name of your funding provider		
your runding provider		











TERMS & CONDITIONS

In the event of an accident or illness, I authorise the obtaining of any medical assistance on my behalf and be deemed necessary by the staff of Recreate NZ.		
I agree that Recreate NZ supervising staff, any other organizations involved and helpers/volunteers will ot be legally liable for any accident, injury or occurrence to myself, son or daughter during this rogramme. While recognising that Recreate staff will be doing their best to ensure the care, safety and nanage the risks inherent in the activities I am participating in, I accept responsibility for my own actions and safety.		
☐ I agree that if my behaviour during the course of the programme threatens the wellbeing of staff and other participants, Recreate NZ has the right to send me home. You are liable for any costs incurred.		
\square I agree to cover the full payment of programmes, including a timely submission of carer support forms, booking fee and shortfall payments.		
☐ I understand that Recreate NZ will not accept responsibility for loss or damage of personal property.		
\square I agree to the above information to be added to the Recreate New Zealand Trust database so I can be informed of future programmes of the Trust.		
☐ I agree to the above information be keep on file for future reference.		
lacktriangle I agree to Recreate NZ's Terms and Conditions (as applicable) available to view on their website.		
Signature of Participant Date		
Signature of Parent/Guardian Date		
NOTES		





