

REGISTRATION FORM



This registration form is to be completed by all potential Participants and/or caregivers and returned to Recreate NZ prior to attending Recreate NZ programmes.

PARTICIPANT - SURNAME		
FIRST NAME		
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DATE OF BIRTH		
NAME OF PARENT or GUARDIAN - SURNAME		
FIRST NAME(S)		
RELATIONSHIP TO CLIENT		
ADDRESS – STREET/SUBURB		
ADDRESS – CITY/POSTCODE		
HOME PHONE		<input type="checkbox"/> PRIMARY CONTACT NUMBER
WORK PHONE		<input type="checkbox"/> PRIMARY CONTACT NUMBER
MOBILE PHONE		<input type="checkbox"/> PRIMARY CONTACT NUMBER
PARTICIPANT MOBILE		
PARENT/CAREGIVER EMAIL ADDRESS		
PARTICIPANT EMAIL ADDRESS		
PRIMARY DISABILITY/CONDITION?		
SECONDARY DISABILITY/CONDITION?		
EMERGENCY CONTACT NAME		
EMERGENCY CONTACT PHONE / MOBILE		
SCHOOL / UNITEC / WORK If not attending any of the above please specify daily care e.g. stay at home, attend care.		
ETHNICITY / HAPU / IWI		
FIRST LANGUAGE		
NAME & AGE OF SIBLINGS		
GENERAL PRACTITIONER		
PHONE		

MOBILITY AND FITNESS	
What is your usual means of mobility?	
Are you unable to walk on uneven surfaces?	
Do you require transferring assistance in and out of a wheelchair?	
How would you describe your swimming ability? (Please circle)	poor average good excellent
How would you describe your fitness?	poor average good excellent
COMMUNICATION	
Do you have hearing or vision impairments? If so please specify which, and are aids used?	
What are your usual means of communication?	
If you require aids for communication (e.g. PECS) please specify	
Do you have difficulty with speech?	
Do you have difficulty understanding and listening to instructions?	
MEDICATION	
Medical allergies: Do you have any e.g. bee stings, penicillin	
Medical conditions	
Are you currently on medication?	
Please notify us if medication is changed before the programme commences. Each programme requires a recent medication update and this will be submitted on the consent form with each programme that requires the administering of medication. Please provide full up to date details of what, quantities, when, form. For security reasons, the Facilitator will retain all medication unless specifically requested by parent/guardian.	
FUNDING STREAMS	
What type of funding do you receive?	<input type="checkbox"/> Carer Support (MOH)
	<input type="checkbox"/> Individualised Funding Name of provider:
	<input type="checkbox"/> No funding

DIET	
Do you eat / drink unaided?	
Do you have special dietary requirements?	
Do you have any food allergies / reactions? E.g. are there any foods / liquids you cannot eat / drink?	
It is very important that we have a clear understanding of your eating habits	<div>Likes:</div> <div>Dislikes</div>
DRESSING/SHOWERING	
Can you dress unaided?	
Can you shower unaided?	
Can you regulate hot water temperature?	
If you answer no to any of the above questions please specify area for assistance incl. buttons, shoelaces etc	
TOILET	
Can you toilet unaided?	
Do you require strict toilet reminding during day/night?	
Please specify areas for assistance in the area of toileting, eg. Changing incontinence pads	
SOCIALISATION AND BEHAVIOUR	
Do you find it difficult to get to know new people?	
Have you been away from home without a family member before?	
When in new environments what helps you feel safe and comfortable?	
Do you have any behavioural difficulties that we need to be aware of?	
How do you respond to challenging situations?	

GENERAL	
Why do you want to participate in this programme?	
Do you object to photographs being taken for possible publicity use?	
Do you object to this information being filed for future reference?	

In the event of an accident or illness, I authorise the obtaining of any medical assistance on my behalf as may be deemed necessary by the staff of Recreate NZ.

I AGREE THAT Recreate NZ supervising staff, any other organizations involved and helpers/volunteers will not be legally liable for any accident, injury or occurrence to myself, son or daughter during this programme. While recognising that Recreate staff will be doing their best to ensure the care, safety and manage 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.

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.

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.

I AGREE to Recreate NZ's Terms and Conditions (as applicable) available to view on their website.

Name of participant.....

Signature of participant..... Date.....

Signature of parent/guardian..... Date.....

To be signed by parent/guardian if participant is under 18 years of age.

COMMENTS / FURTHER NOTES: