

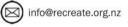
REGISTRATION FORM

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 🗖	FEMALE 🗖	
DATE OF BIRTH			
NAME OF PARENT or GUARDIAN - SURNAME			
FIRST NAME(S)			
RELATIONSHIP TO CLIENT			
ADDRESS – STREET/SUBURB			
ADDRESS – CITY/POSTCODE			
HOME PHONE			☐ PRIMARY CONTACT NUMBER
WORK PHONE			☐ PRIMARY CONTACT NUMBER
MOBILE PHONE			☐ 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	
		COMMUNICATIO	ON .		
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		pport (MOH)	1		
receive?		alised Funding	Name of provider:		
	☐ No fundi	ng			











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	Likes:	Dislikes			
	DRESS	ING/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	GENERAL			
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?				
may be deemed necessary by th				
	ervising staff, any other organizations involved and helpers/volunteers will			
<u> </u>	dent, injury or occurrence to myself, son or daughter during this			
	that Recreate staff will be doing their best to ensure the care, safety and			
manage the risks inherent in the	e activities I am participating in, I accept responsibility for my own actions			
and safety.				
I AGREE THAT if my behaviour o	luring 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.			
· · · · · · · · · · · · · · · · · · ·	ent of programmes, including a timely submission of carer support forms,			
booking fee and shortfall payme				
	vill not accept responsibility for loss or damage of personal property.			
	on 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.				
	·			
TAGREE to Recreate NZ's Terms	and Conditions (as applicable) available to view on their website.			
Name of participant				
Signature of participant	Date			
	Date			
To be signed by parent/guardian if	participant is under 18 years of age.			
COMMENTS / FURTHER NOT	E¢.			
COMMENTS / FORTHER NOT	LS.			





