**Registration & Permission Form – Nelson/Tasman Bird Camp 2024**

***(28 September – 4 Oct 2024)***

**Requirements**

* You must be aged **14 to 18** years old at the time of the camp (maybe exceptions)
* A moderate level of fitness is required
* You must have the appropriate quantity and kinds of outdoor clothing and footwear (an equipment list is provided in the joining info)
* Parent/guardian permission will be required (please fill in the attached form for parent/guardian consent)
* Compliance with the code of behaviour will be required (please fill in the attached form agreeing to the code of behaviour)

**Your details**

Name: \_\_\_\_\_\_\_\_\_ Age (Sept 24): \_\_\_\_\_\_\_\_ Male/Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Birds New Zealand? Yes/No Which Region? \_\_\_\_

**How did you first find out about the camp?**

|  |
| --- |
|  |

I agree to my child participating in all camp activities as set out in the programme, realising there may be some changes of schedule dependant on weather and availability. I also agree to my child being driven by a camp supervisor (please refer to the [Health & Safety Policy](https://www.birdsnz.org.nz/wp-content/uploads/2022/11/Health-Safety-Policy.pdf) and [Hazards & Risks Assessment Form](https://www.birdsnz.org.nz/wp-content/uploads/2024/08/HazardsRisks-Assessment-Form.pdf) re drivers and vehicles).

**To be read and signed by the parent/legal guardian of the participant**

I give permission for to attend the

**Nelson/Tasman Bird Camp 2024**

**Parent/guardian:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Contact Details:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact details:** Contact details during the dates of the Bird Camp:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Form – Nelson/Tasman Bird Camp *(2024)***

**Please complete this form together with your parent(s)/legal guardian**

**Health profile and medical consent**

**Name**: \_\_\_\_\_ Medic Alert Number: (if applicable)

1. **Please tick if you have any of the following:**

Migraine: ☐ Epilepsy: ☐ Asthma ☐ Diabetes ☐

Travel sickness ☐ Fits of any type ☐ Chronic nose bleeds ☐ Heart condition ☐

Dizzy spells ☐ Colour blindness ☐ ADHD ☐ Sleepwalking ☐

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you currently taking medication?** Yes ☐ No ☐

If yes, please state -

Health condition/s:

Name of medication/s:

Dosage and time/s to be taken:

Other treatment:

1. **Is a health plan required?** Yes☐ No ☐

If yes, please provide a health plan.

1. **Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?** Yes ☐ No ☐

If yes, please state the injury/illness:

1. **Are you allergic to any of the following?**

Food:

Insect bites/stings:

Other (please specify):

What treatment is required:

1. **What pain/flu medication may your child be given if necessary?**
2. **When was your last tetanus injection?**
3. **To the best of your knowledge has your child been in contact with any contagious or infection disease(s) in the last four weeks?** Yes ☐ No ☐

If yes, please specify:

1. **Outline any dietary requirements:**

1. **Is there any other information the tutor/mentor should know to ensure the physical and emotional safety of your child?** (for example cultural practices, disability, anxiety about heights/darkness/small spaces etc, behaviour or emotional problems)

If yes, please specify or attach an explanation of how we may best manage this.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that if prescribed medication needs to be administered, I will ensure that the prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the camp organisers (M Ayre or R Hufton) as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the appropriate medical authorities. Any medical costs not covered by ACC or a community service card, will be paid by me.

**To be read and signed by the parent/legal guardian of the participant**

**Parent/guardian:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or if the participant is 18 or over:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB: Data collected held for the purpose of running the event only, not to be used or distributed for other purposes.

**Code of Behaviour – Nelson/Tasman Bird Camp *(2024)***

The following behaviour guidelines will ensure that all participants in the Birds New Zealand Youth Camp will have an enjoyable, safe and rewarding experience.

Please read them carefully together with your parent(s)/guardian.

1. Treat your colleagues, adult tutors/supervisors and members of the public with courtesy and respect at all times.
2. Use appropriate language.
3. Listen to and follow any instructions given by a tutor/supervisor.
4. Treat all equipment provided for the camp with respect.
5. Be responsible for your own property at all times.
6. Be punctual for meals, trips and talks.
7. Arrive with all necessary equipment for the activity (an equipment list will be provided).
8. Wear appropriate clothing for the activity you are involved in.
9. Do not leave the camp/activity site without permission.
10. Do not wander away from your group at any time without first seeking permission from the tutor/supervisor.
11. Do not behave in an unsafe manner by leaving marked paths, entering the river, climbing on buildings or trees, sitting on deck railings, etc.
12. No smoking, alcohol or illegal substances will be allowed at any time during the camp.
13. Take part in camp duties, i.e. dish washing, floor sweeping, equipment cleaning etc.
14. Keep to curfews and manage your sleep. Some days we will be starting before dawn and/or working into the night so sleep will be precious. Using cell phones, or playing music and games will disturb others trying to rest. There will be an opportunity to rest in the early afternoon and the same rules will apply then.
15. Report any concerns about behaviour or health (yours or others) to the course co-ordinators.
16. Let the supervisor know if: you feel ill; have medical conditions; have a disability; have allergies; are on medication.
17. Understand that if you are involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, you may be sent home at your parent’s/guardian’s expense.

I agree to comply with the standards of behaviour as out lined above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

My son/daughter has read and understood the above behavioural expectations and has agreed to comply with the expected standards.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest Form - Questions for Bird Camp Attendees *(Sept/Oct 2024)***

What are your reasons for wanting to attend the Bird Camp and what do you hope to learn/ gain by attending?

Have you attended a Birds NZ Youth Camp or a similar event previously?

For how long have you been interested in birds and/ or other species?

Fitness Level:

High Medium Low

Please give an example/s of recent outdoor activity involvement?

Do you have a favourite bird? Which bird is it?

Do you know what you are planning to study (do) when you leave school?

What else would you like to tell us about yourself?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thank you for completing this questionnaire!