recreate nz
life-changing experiences for youth with disabilities

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

Which Region would you like to register for?	❒ Auckland ❒ Christchurch ❒ Bay of Plenty ❒ Wellington ❒ Waikato ❒ Other/Unsure
How did you hear about Recreate NZ?	
First Name	
Surname	
Gender	
Date of Birth	
Ethnicity	
Do you consent to photographs being taken for possible publicity use?	**❒ Yes** **❒ No**

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? If so, what do they take and what condition is it for?	

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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 participants swimming ability?	**Poor Average Good Excellent**
How would you describe the participants fitness?	**Poor Average Good Excellent**
Does the participant have hearing (aids) or vision impairments? If so, please specify.	

DIET

Does your child require assistance eating/drinking	**❒ Yes** **❒ No**
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.	

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Does the participant need assistance with toileting? If yes, please specify area of assistance.		
Does the participant require strict toileting reminding during the day/night?	❒ **Yes**	❒ **No**

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?	

COVID 19 RESPONSE

Recreate NZ aims to create a safe environment for all, including youth who may be vulnerable to this pandemic. After careful consideration of the risks, we will also be requiring young people attending Recreate programmes to be fully vaccinated (timeframe to be confirmed).

All information given related to a young person's vaccine status will stay confidential within Recreate NZ and will only be used in the context of helping ensure the safety of service users, in line with our obligations under the Privacy Act 2020.

Vaccination Status	❒ Young person is fully vaccinated (has already had two shots) ❒ Young person is partially vaccinated (has had one shot) ❒ Young person is not yet vaccinated, but plans to be ❒ Young person is not planning on being vaccinated, but is willing to conduct a RAT or PCR test to attend a programme ❒ I don't want to answer this question

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PARENT/GUARDIAN DETAILS

First Name	
Last Name	
Email Address	
Mobile Phone Number	
Home Phone Number	
Address – Street & Suburb	
Address – City & Postcode	
Relationship to Participant	

PARTICIPANT CONTACT DETAILS

Participant Email	
Participant Phone Number	

EMERGENCY CONTACT

First Name	
Last Name	
Email Address	
Phone Number	
Relationship to Participant	

FAMILY DOCTOR

Clinic Name	
Doctor's Name	
Phone Number	

FUNDING

What type of funding do you receive?	❒ **Carer Support** ❒ **Individualised Funding**	❒ **Other** ❒ **No Funding**
If you ticked 'Individualised Funding' or 'Other' please specify the name of your funding provider		

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TERMS & CONDITIONS

❒ 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.

Signature of Participant…….. Date.....

Signature of Parent/Guardian…… Date…….