

YOUTHTOWN

Into Action - BOOKING FORM

Programme Date: ____ / ____ /07 - ____ / ____ /07

Child's Full Name: _____

Address: _____

Mobile: _____

Email: _____

Age: _____ DOB: _____ MALE / FEMALE (Please Circle)

Parent/Guardian A: _____ Parent/Guardian B: _____

Phone Numbers:

Home: _____ Home: _____

Work: _____ Work: _____

Mobile: _____ Mobile: _____

Email: _____ Email: _____

Alternative emergency contact name and phone number in event a parent/guardian cannot be contacted.

Name: _____

Phone Numbers Home: _____

Work: _____

Mobile: _____

MEDICAL CONDITIONS: (Please Tick Appropriate Boxes)

- | | | | | | |
|----------------|--------------------------|----------------------|--------------------------|----------|--------------------------|
| Asthma | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | ADHD | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Claustrophobia | <input type="checkbox"/> | Deafness | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Hemophilia | <input type="checkbox"/> | Vertigo | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
| Severe phobias | <input type="checkbox"/> | Dietary Restrictions | <input type="checkbox"/> | | |

If ticked any of the above please fill out the 'Medical Condition Information Form' attached.

Is there anything else we should know about in order to take good care of your child? eg, custody arrangements, special needs, currently under a CYPFS programme, behavioural aspects etc. (Please use separate page if needed).

Medication Needed: (Apart from inhalers all medication is to be given to Youthtown Instructors prior to departure). **NB: Please fill out the medical consent form attached.**

Impairment/Disabilities: (How does the disability affect your child?)

Doctor's Name: _____

Doctor's Contact Phone Numbers / Medical Centre Details: _____

Date of last tetanus injection: _____

Child's swimming ability: (circle one)

None / Poor / Average / Good – swim 25m (length of Youthtown pool)

How did you find out about the Camp?

- | | |
|--|---|
| <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Holiday Programme Brochure |
| <input type="checkbox"/> Print Ad | <input type="checkbox"/> Outdoor Programme Brochure |
| <input type="checkbox"/> School Letter | <input type="checkbox"/> Website |
| <input type="checkbox"/> Youthtown Centre | <input type="checkbox"/> Email |
| <input type="checkbox"/> Referred By _____ | |
| <input type="checkbox"/> Other _____ | |

YOUTH TOWN

MEDICAL CONDITION INFORMATION FORM

Child's Name: _____

What is the condition?

What are the possible triggers or causes?

How would we recognise the onset of this condition?

What is the treatment/medication for this condition?

What can we expect to happen after the medication is given?

How would we recognise when the condition has become a medical emergency needing medical attention of hospitalisation?

TERMS AND CONDITIONS

Please read this important information

MEDICAL AND PHYSICAL INFORMATION

Youthtown believes our camps and programmes are for anyone reasonably fit and well. It is your responsibility to advise us at the time of booking of any medical condition, physical/mental disability or behaviour that requires any special treatment or attention. Youthtown reserves the right to decline your booking on the grounds that safety could be compromised.

LIMIT OF LIABILITY

Youthtown is committed to providing safe camps, activities and environments. While all care will be taken during camps, programmes and activities, there is an element of risk involved with all activities. By participating in any of the activities provided by Youthtown, you are expressly assuming those risks personally and Youthtown and its staff cannot be held responsible for any personal injury, loss or damage to belongings.

BEHAVIOUR

Programme Leaders follow Youthtown's behaviour guidance policies. They will not tolerate any behaviour (including violence and bad language) which impinges upon the physical or mental safety of supervisors or other participants. Youthtown programmes have a strict no smoking, drugs, and alcohol policy. Any breaches of these rules will result in the offender being returned to Youthtown at the parent/guardian/s expense. Any cost accrued as a direct result of the incident, shall be at the expense of the Parent/Guardian.

CANCELLATION POLICY

Bookings that are cancelled are treated as follows.

- If over 10 days before programme commencement – full refund (less administration fee of \$25.00)
- Within 10 days prior to programme commencement – no refund (at the discretion of the Programme Director a credit for future Youthtown Camps or Programmes may be given).
- Youthtown reserves the right to cancel or postpone any camp, programme, or activity. Youthtown will always endeavour to make alternative arrangements. If the weather is obviously going to be unbearable other activities will be run on that day. If the weather is marginal on the day the decision will be made at the time.

PAYMENT ARRANGEMENTS

Please refer to the payment sheet for payment options. Full payment must be paid by **Friday 29th June 2007**. Otherwise Youthtown reserves the right to refuse attendance.

NOTE: Outdoor Programme Coordinator's will assess the safety issues surrounding the participation of all individuals, and reserves the right to restrict participation based on medical or physical condition in regard to the safe operation of the activity and other individuals involved.

In the event of an accident requiring medical assistance, any cost accrued as a direct result of the accident, shall be at the expense of the Parent/Guardian.

I give consent for photographs of my child to be used for Youthtown promotional purposes only.

Yes No Signed: _____ Parent/Guardian

Parent/Caregiver Declaration: I agree to the above application. I authorise that in the event of a medical emergency, Youthtown staff or appropriate medical staff will administer care for my child.

I understand that my child will be held responsible for his/her behaviour.

By signing the Registration and Booking Form you agree to the Terms and Conditions attached. Please ask reception staff if you would like your own copy of the terms and conditions.

Signed: _____ **Parent/Guardian**

Date: _____

YOUTHTOWN

INTO ACTION PROGRAMME PAYMENT SHEET

Payment:

Payment can be made through one of the following options:

- Credit Card Payment
 - Over the phone (Ph: 379 5430 ext 823)
 - On Payment Sheet
- Sending a cheque made out to: *Youthtown Inc*
Post To:
Attn: Graeme Thorpe
Youthtown
PO Box 5899
Wellesley St.
- Cash/Credit Card/Eftpos/Cheque payment at Youthtown Reception.
68a Nelson Street
Auckland City

Junior Programme
7-12 years
\$250.00

Senior Programme
13 – 17 years
\$260.00

Total Fee Enclosed: \$ _____

Full payment must be paid by Friday 29th June 2007

Credit Card Details:

Name on Card: _____ **Type of Card:** Mastercard/ Visa/American Express

Card Number: _____ **Exp Date:** _____

YOUTHTOWN STAFF USE ONLY:

Amount Paid: _____ Receipt No: _____ Date: _____

Reception Staff Member Name: _____

Reception Staff Member Signature: _____