

# YOUTH TOWN

## NEW ADVENTURES CLUB ENROLMENT FORM

Child's Full Name: \_\_\_\_\_

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

\_\_\_\_\_

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  Allergies  ADHD

Autism  Claustrophobia  Deafness

Diabeties  Dislexia  Epilepsy

Haemophilia  Vertigo  Severe phobias

Dietary Restrictions  Other

If ticked any of the above please elaborate in further detail. (Please use separate page if needed).

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

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 CYPS programme, behavioural aspects etc. (Please use separate page if needed).

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

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

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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 swimming pool)

### COMMUNICATIONS

How did you find out about this Club?

- Radio Ad                       Youthtown Centre
- Print Ad                         Website
- Outdoor Programme Brochure
- Holiday Programme Brochure
- Brochure in a Store:  
\_\_\_\_\_
- Referred By  
\_\_\_\_\_
- Other  
\_\_\_\_\_

### AFTER SCHOOL PICK-UP

If your child attends one of the schools listed below, we can arrange to pick her/him up after school and transfer to Youthtown. **Would you like your child to be picked up from one of the designated schools below? YES / NO**

*Please indicate which school your child will be picked up from every **Monday afternoon**:*

- Kowhai Intermediate
- Richmond Rd
- Freemans Bay
- Ponsonby Intermediate
- Ponsonby Primary
- Newton Central Primary

# YOUTHTOWN

## TERMS AND CONDITIONS

Please read this important information

### MEDICAL AND PHYSICAL INFORMATION

Youthtown believes our activities 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 activities and environments. While all care will be taken during 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 personal injury or loss or damage to belongings.

### BEHAVIOUR

Outdoor Programme Coordinators follow Youthtown's Health and Safety 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. Any cost accrued as a direct result of the incident, shall be at the expense of the Parent/Guardian.

### PAYMENT ARRANGEMENTS

A booking form must be filled out and left at Youthtown Reception. Full payment must be made prior to activity 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.

**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.

Signed: \_\_\_\_\_  
Parent/Guardian

Total Fee Enclosed: \$ \_\_\_\_\_

#### YOUTHTOWN STAFF USE ONLY:

Amount Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Balance Remaining: \_\_\_\_\_

Final payment (date) \_\_\_\_\_ Receipt No: \_\_\_\_\_

Reception Staff Member Name: \_\_\_\_\_

Reception Staff Member Signature: \_\_\_\_\_