

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

CUBS, SCOUTS & VENTURERS

Read the information on this page carefully and share it with your parents.

Fill in this application form and send it together with your deposit of \$100.00 to your Leader before 31st October 2008. The balance of your fee must be paid by the 21st November 2008.

THE FEE

The Regatta fee for **all** participants has been set at **\$275.00** including GST. This Fee includes all meals and activities during the event, but not travel to and from the Regatta embarkation point (*Half Moon Bay or Ferry Building, CBD* - to be advised). Your Group Leader will advise you of the overall cost including travel.

ADULT ELIGIBILITY

Adults may attend the Regatta either as Parent Helpers or Leaders with Groups - the same fee applies.

THE APPLICATION

All those who wish to attend the Regatta, whether or not they are members of the Scout Movement **MUST** complete a formal Application.

HOW TO APPLY Fill in this application form. Applicants less than 18 years of age must ensure that the Parent Consent clause is completed. Your Group Leader, as appropriate, must counter-sign the application. Groups are accountable for the fees from all applicants registered by the Group's Regatta Organiser.

PRIVACY ACT

In compliance with the Privacy Act 1993 the following is brought to your attention.

- a. This application collects information about you.
- b. The information is collected to make arrangements for your participation and welfare.
- c. The information is being collected for the Auckland Training Regatta Organisers and will be used by the organisers and managers of the Regatta. It will form part of a directory of personnel and membership records and is available to your Group.
- d. The information (other than medical) will be held and stored electronically by the Auckland Training Regatta Organisers. These files will be deleted after the regatta.
- e. You have the right of access to and correction of this information, subject to the provisions of the Privacy Act.
- f. It is intended that your medical information is used by those responsible for your welfare, and access to it is restricted accordingly.

SPECIAL NOTES.

Your deposit of \$100 is not refundable but may be transferred to a new applicant. If the event is cancelled due to lack of participants, or you are prevented from attending through accident or illness, your fee will be refunded in full.

The reason for three forms with repeated information is that each form is used for a different purpose – application form for organisers, medical form stored securely unless required, dietary form for the catering team.

APPLICATION FORM

(Please print neatly. Fill in all pages)

Surname _____

First Names _____

FEMALE/MALE

Home Address:

Number & Street _____

Suburb City _____

Post Code _____

Telephone(s):

Home _____

Work _____

Mobile _____

Email _____

Date of Birth/...../..... (optional for adults)

Scout Group _____

Section (Cub/Scout/Venturer/ADULT) _____

A deposit of \$100.00 is enclosed. I agree to abide by the Rules of The Regatta.

SIGNATURE OF APPLICANT _____

PARENT'S/CAREGIVERS CONSENT (must be completed if applicant is under 18 years of age)

I/We allow the applicant named above to attend the Auckland Training Regatta, and take part in the organised programme, including professionally supervised adventurous water based activities. I also agree that he/she will be amenable to the instructions of the Activity Providers or Adult Leaders in whose camps he/she will be placed.

Signature of Parent/Caregiver _____

Print name _____

Relationship _____

Signature of Parent/Caregiver _____

Print name _____

Relationship _____

THIS CONSENT WILL BE VALID WITH ONLY ONE SIGNATURE BUT PLEASE READ THE CUSTODY STATEMENT BELOW.

Custody

Troop leaders and Regatta officials are required to take great care that unsuitable adults do not have access to young people. For this reason we will require formal advice as to which parent(s) or caregiver(s) will have authority to take this youth applicant from the Regatta site in event of sickness or family emergency. This will only be the person(s) signing the consent above and we reserve the right to require to check the ID of any adult seeking access to any youth member during the Regatta.

GL Signature _____

MEDICAL EMERGENCY INFORMATION
ALL SECTIONS MUST BE COMPLETED

Surname _____

First Names _____

FEMALE/MALE

Person to contact in an Emergency

Name & Relationship _____

FULL Address _____

Telephone(s):

Home _____

Work _____

Mobile _____

Do you suffer from any of the following:

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Cardio Vascular Disease |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sulpha Allergy | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Convulsions/Epilepsy |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Autism | <input type="checkbox"/> ADHD | | |
- Allergies or other conditions _____
- Any Physical Disability _____

Date of last immunisations or injections

Tetanus...../...../.....

other _____

(if last tetanus was more than 10yrs ago– a booster is required)

List all medications etc. that the applicant will be taking to the Regatta (i.e. wheelchair, medication & dosage)

State Any other Medical Factors

Community Services Card YES / NO # _____

Medical Insurance YES /NO

The above is a true statement of the applicants health. I do not know of any other physical, mental or emotional health problems.

I agree to advise the Scout Association of New Zealand as soon as possible if the applicant develops any illness or is exposed to any infectious disease before departing for the Regatta. In the event of the applicant suffering accident or sickness while travelling to, participating in or returning from the Regatta, I agree to any necessary medical attention may be arranged and medical information released to suitably qualified medical staff where appropriate.

SIGNATURE _____ Date/...../ 2008

(if under 18 years of age, parent or caregiver must ALSO sign below.)

Parent/ Caregiver signature _____

Relationship _____

Print Name _____

GL Signature _____

DIETARY INFORMATION

Please note: All sections must be completed. Note N/A if it does not apply. Incomplete forms will be returned.

Attendee		Parent/Caregivers Details	
Surname		Name	
First Names		Address	
Age	D.O.B		
Address		Contact ph Day:	
		Evening:	Mobile:
Contact ph Day:		Email:	
Evening:	Mobile:	Signature	

Contingent Leader actually attending the event to fill in below and sign to indicate they have **checked this form is complete and discussed any issues with the applicant and/or their caregivers.**

Print Name:	Contact phone numbers
Role at Event:	Day:
Group/Contingent:	Evening:
Zone:	Mobile:
Signature:	Date:

- Diabetic
 Celiac
 Vegan
 Vegetarian
 Low Cholesterol/ Low Fat
 Kosher
 Halal
 Lactose Intolerant
 Other Health Reasons (note below)
 Other Religious/Cultural Reasons (note Below)
 Specific Food Allergies (note below)

Foods or food groups you MUST NOT have	What will be the consequences if you do have these foods E.g. severe allergic reaction, rash.	Suggested Food Alternatives (attach a further sheet if necessary)

Office Use Only

GL Signature _____