

Tēnā koe,

This pānui has been developed as your rangatahi has expressed interest in registering for this 1-day camp. Waipunga Adventures is located on State Highway 5 Tarawera, on a private camp area, next to the beautiful Waipunga River. The camp is run by Michaela and Jeff Baker, a daughter-father combo, and descendants of Ngāti Hineuru. The land has been their provider for many years and makes for a perfect space to run outdoor, adventure based learning activities for anyone keen to take on the challenge. This 1-day camp aims to challenge rangatahi and help build new connections within themselves, other participants and the whenua that surrounds them. This will be implemented through various activities that involves a range of different skills. There's also a focus on learning some key survival skills that have benefited our whānau for many generations whilst living on this land. A brief itinerary and the list of things to bring is posted below but activities include:

- Air Rifle Shooting
- Pest Trapping
- Poi Toa
- Team Challenges
- Mental and Physical Exercise
- Raft Building (weather dependent)
- Camp cooking (weather dependent)

By registering for this 1-day camp, the rangatahi (participant) and 1 parent/caregiver must read, complete and sign the following information:

PARTICIPANT'S NAME:
DATE OF BIRTH:
ADDRESS:
PHONE NO. PARTICIPANT:
E-MAIL PARTICIPANT:

PARENT/CAREGIVER'S NAME
DATE OF BIRTH:
ADDRESS:
PHONE NO. PARENT/CAREGIVER:
E-MAIL:

CODE OF CONDUCT

By registering for this camp, your rangatahi agrees to the following Code of Conduct. The rangatahi and one parent /supervisor will read and sign to confirm the following has been understood:

1. The rangatahi will attend for the whole duration of the 1 day camp.
2. If unable to attend due to illness or other reasons, the rangatahi will notify the kaiwhakahaere (organisers) in charge of the camp.
3. The rangatahi will show respect and support for the camp leaders, instructors and other rangatahi participating.
4. The rangatahi will not consume alcohol, take drugs, smoke or vape during or before the jurisdiction of the camp leader or volunteers.
5. When being at the camp, the rangatahi will remember to apply sunscreen and keep hydrated throughout the day.
6. The rangatahi will remember to bring all items on the list provided so they can take part in all activities.
7. The rangatahi will follow all instructions for health and safety requirements given by camp leaders and volunteers on the day.
8. Waipunga Adventures will not be liable for any damage to equipment caused by the rangatahi. The parent/caregiver is aware that they will be liable for any damages/replacement costs if Waipunga Adventures can't replace it themselves.
9. The rangatahi will follow the Code of Conduct at all times.

As a participant I agree to the above conditions.

As a parent/caregiver I agree to the above conditions and give my rangatahi permission to be part of the Waipunga Adventures 1-Day Camp. I have explained the commitment and requirements for being part of this camp to my rangatahi.

Rangatahi's Signature: _____

Parent's/Caregiver's Signature: _____

Date: _____

RELEVANT INFORMATION & MEDICAL

My rangatahi can swim: YES/NO

My rangatahi has:

- Diabetes: YES/NO
- Asthma: YES/NO
- Migraines: YES/NO
- Epilepsy: YES/NO
- Dizzy spells: YES/NO
- Chronic nose bleeds: YES/NO
- Heart Condition: YES/NO
- Other: YES/NO
- If yes, please specify: _____

Allergies: YES/NO (e.g. stings, bites, food etc.) If YES, please specify:

Allergy to Antibiotics/Medicines: YES/NO

Prescribed medicine rangatahi currently uses:

Does your rangatahi have any sprains, strains or injuries at present? YES/NO

Can your rangatahi have antihistamines for any allergies or insect bites? YES/NO

Can your rangatahi have paracetamol and/or ibuprofen for pain relief? YES/NO

Please tick:

- I agree that if prescribed medicine needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I agree to my rangatahi receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community services card will be paid by me.
- If my rangatahi is involved in a serious disciplinary problem, including the use of illegal substances and/or actions that threaten the safety of others, s/he/they will be sent home and to be collected by a parent/caregiver immediately.

CONFIDENTIALITY

Waipunga Adventures operates under the Privacy Act 1993. All information about the rangatahi remains confidential to Waipunga Adventures. We cannot and will not discuss this information with anyone else without consent from the parent/caregiver or rangatahi (if over 16).

The only time we need to discuss anything with others is if we feel there are genuine concerns regarding the ***safety of you or others***. If this ever does happen, we will always let you know that we must discuss these concerns with someone else.

PHOTO AND VIDEO CONSENT (please tick)

- I give permission for Waipunga Adventures to take photos and videos of my child during the programme.
 1. These photos and videos may be use to create promotional videos, as well as for promoting Waipunga Adventures for future groups and when explaining the camp to others.
 2. It is possible that they could be used in a PowerPoint presentation, in print (for fliers, newsletters), in electronic newsletters and emails, as well as on Waipunga Adventures and other social media outputs.
 3. They may also be used for other purposes related to Waipunga Adventures

TRANSPORT CONSENT (please tick)

- I give consent for my rangatahi to be transported with due care, by Waipunga Adventure's camp leaders and instructors.

PARTICIPATION IN RESEARCH CONSENT (please tick)

- I give consent for my rangatahi to contribute to research for the purpose of the evaluation of the Waipunga Adventures Programme in general as an anonymous participant.

Rangatahi's Signature: _____

Parent's/Caregiver's Signature: _____

Date: _____