

**SWIMMING TARANAKI SWIM CAMPS REGISTRATION**



Child's name in full: .....

Name of Parent/Guardian: .....

Address of Parent/Guardian: .....

Telephone: Day ..... Night ..... Mobile .....

Email: .....

Swimmer Club: ..... Coach: .....

**Emergency Contact**

In the event of emergency all efforts will be made to contact the above named parent/guardian, if that person (those people) can not be contacted then the person named below would be contacted.

Name: .....

Relationship: .....

Telephone: ..... Mobile: .....

I am available to assist at the camp at the following times: .....

.....

**Conditions:**

- I approve of my child attending the Swimming Taranaki Swim Camp and he/she should take part in all activities as may be required by the coach or camp organisers.
- I agree that my child will abide by the Swimming Taranaki Code of Conduct and all camp rules as administered by the camp manager or the parent caregivers at the camp. The Camp Manager reserves the right to request early collection of my child should he/she not adhere to the camp rules.
- I agree to pay for any damage or breakage caused by my child at this camp.
- In the event of an accident or illness, I authorise the obtaining of such medical assistance as may be required; the cost (if any) will be the responsibility of the swimmer/parent.
- I consent to the use of any photographs to be used in promoting Swimming Taranaki.
- Whilst ST take every precaution to ensure the safety of our members and their belongings, Swimming Taranaki are not liable for any damages or loss.
- I confirm my child is a financial member of an affiliated member club of Swimming Taranaki

If a swimmer has brought his/her car to camp he/she is not allowed to use the car while at camp, unless prior arrangements have been authorised with camp manager, coach and parent.

I agree with this condition ..... Swimmers Signature

**Information:** I certify that to the best of my knowledge he/she has not been in contact with any infectious disease and has no physical disabilities likely to prove detrimental to him/her self.

My child has / has not had the series of tetanus injections. Date last injection.: .....

My child has / has not had the two MMR (measles, mumps, rubella) vaccines.

I consent / do not consent to my child being administered Panadol.

Swimming Taranaki will follow Ministry of Health NZ guidelines to ensure the event is a COVID Safe Event that does not put participants at higher risk of infection therefore if your child is displaying flu like symptoms or has been unwell, we ask that you keep your child at home.

Please circle any of the following from which your child suffers and include any further necessary information.

Asthma      Diabetes      Sting Allergies      Sinusitis      Hayfever

Other: .....

List any food allergies your child may have:

.....

List any medicines your child is taking including any specific instructions:

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Signature: Parent / Guardian ..... Date: .....

Please return this form to: [taranakiswimming@gmail.com](mailto:taranakiswimming@gmail.com) by the 21 June 2021. The Head Coach will review and you will be notified via your email of acceptance.

### OUR VALUES

- ***Excellence in everything we do, work hard, show resilience and celebrate achievement***
- ***Lead by example, be accountable and create a legacy for those that follow***
- ***Co-operate, show unity, friendship and equality for the benefit of swimming***
  - ***At all times, act with integrity and respect for others***
- ***We will take our victories with modesty and use them to keep team spirit high***
  - ***We will endeavor to think of, and appreciate each other***

