

SWIMMING TARANAKI SWIM CAMP REGISTRATION FORM



Child's name in full:

Name of Parent/Guardian:

Address of Parent/Guardian:

Telephone: Day Night Mobile

Email:

Swimmer Club: Coach:

Swimming Taranaki requires the support of parents to enable our swim camps to function, we have an expectation that each family will contribute in some form, please indicate your availability

_____ is willing to assist at camp for the following;

from _____ to _____

I, _____ am available to stay overnight at the camp on Friday night.

I, _____ am available to be Camp Manager.

I, _____ am available to be the Kitchen Manager.

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:

Conditions:

- I approve of my child attending the 2022 Swimming Taranaki Junior Swim Camp, 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 promotional material.
- Whilst ST take every precaution to ensure the safety of our members and their belongings, ST 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

Please provide any conditions your child suffers from and include any further necessary information.

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

.....

Specific dietary requirements: *(whilst we will endeavor to take all dietary requirements into consideration, this may not always be possible)*

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Signature: Parent / Guardian Date:

Please return this form to: taranakiswimming@gmail.com by 18 September 2022. Your registration will be confirmed shortly afterwards. Please complete a separate form for each swimmer.

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*