SWIMMING TARANAKI SWIM CAMPS

Swimmers 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.

I, _____ have a current First Aid Certificate.

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

Name: ……..

Relationship:……

Telephone: Day: ……Mobile:……

Conditions:

- I approve of my swimmer attending the Swimming Taranaki 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 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 ST
- Whilst ST take every precaution to ensure the safety of our members and their belongings, ST are not liable for any damages or loss.

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/herself.

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 swimmer is displaying flu-like symptoms or has been unwell, we ask that you keep your swimmer 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 medicines your child is taking including any specific instructions:

……

……

Specific dietary requirements:

……

……

Signature: Parent / Guardian ……. .....

Date: ……

Please return this form to: taranakiswimming@gmail.com.

The Taranaki selectors will review, and you will be notified via your email address to the camp that is best suited for you.

Please complete a separate form for each swimmer.

Please return to taranakiswimming@gmail.com

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