

GEAR LIST

1 Sleeping Bag	Warm Clothes
1 Pillow	Swimming Togs
2 Towels	Jacket
1 Dinner plate	Toiletries
1 Pudding bowl	Running Shoes
Knife, Fork, Spoon	Tent*
Hat	NO CELL PHONES RECOMMENDED

*** MUST bring your own tent**

Te Taitimu Trust has organised accommodation, event activities, event transport and food

Can whānau please KOHA HOMEMADE BAKING for 2 nights

"We will turn the tide by motivating Rangatahi to become Rangatira."

CONTACTS

Email: admin@tetaitimustrust.org.nz or
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TE RAU MATATINI



Lottery Grants Board
FUNDS FOR YOUR COMMUNITY



Te Puni Kōkiri
REALISING MĀORI POTENTIAL



New Zealand
POLICE
Nga Pirihimana O Aotearoa



JR MCKENZIE TRUST
ESTABLISHED IN 1940



TE TAITIMU TRUST

TURNING THE TIDE



BIG CAMP 2017

8 -13 January

Te Aute College

Start 8th Jan:

Pōwhiri 6.30pm

Caregivers please ensure tamariki have tea before attending

Finish 13th Jan:

12pm

Pick up tamariki

COST: \$125.00 for 5 days

Child Registration Form

CHILD Attendee Name: _____

Address: _____

D.O.B: _____

ETHNICITY(please list)

NZ Maori (Iwi): _____

AGE: _____

Pacific Island: _____

GENDER: (circle one)

European: _____

M or F

Other: _____

Referred by (circle one): Whānau/Marae/School/Community/Police

Other: _____

(Parent/Caregiver/Guardian) Name 1:

Address (if different from above):

CONTACT PHONE NUMBERS

Home: _____

Work: _____

Mobile: _____

Email Address: _____

(Parent/Caregiver/Guardian) Name 2:

Address (if different from above):

CONTACT PHONE NUMBERS

Home: _____

Work: _____

Email Address: _____

Mobile: _____

ALLERGIES/ILLNESSES:

MEDICATION: (HAND ALL MEDICATION TO FIRST AID or NURSE)

Medical Centre Name: _____

Doctors Name: _____

Address: _____

To be read and signed by adult assistant or parent/caregiver of child participant.

Parental Consent

I agree to my child/myself taking part in Te Taitimu' Big Camp, 8 - 13th January 2017 and have received sufficient information on which to base a decision. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

Acknowledgement of Risk

I have read the itinerary and understand that there are risks associated with the involvement in events and that these risks cannot be completely eliminated. I understand that the Trust will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my child has been involved in the development of safety procedures.

I know that I am able to ask any questions of the Trust about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'* procedure. My child and I both understand that I/they may withdraw from any activity if I/they feel at risk. This must be done in consultation with the person in charge.

I also agree to the use of photos/video containing myself/my child for publicity purposes without any remuneration.

Parent Name: _____

Signature: _____

Date: _____

* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.