



New Zealand Area Schools Association

## NZ AREA SCHOOLS MUSICAL PERFORMANCE CAMP

### Participant information, consent and agreement form

School		Year	
Student Name		DOB	
Mobile		Gender	
Email			
Instrument		Current Level	

**Achievement Standard Assessment:** The Group Performance standard assessment will be offered during the camp.  
Solo and Composition standards may be offered, dependant on demand / availability

Would the student be interested in the following unit standard assessments:	Solo	Yes / No	Composition	Yes / No
Are there any dates between 23 September 2023 - 6 October 2023 that the Student CANNOT attend? Please list here:				

Caregivers Name		Home Phone	
Mobile		Day Phone	
Email			
Other Emergency Contact Name		Contact Number	
Family Doctor		Phone	
Any medical information to be aware of?			
Medications the student will have with them			
Special Dietary requirements			

**Cost of the Camp - \$500 + Travel\*:** STAR funding can be applied for from the student's school to cover these costs  
Funding is dependent on each school's available funds  
Invoices will be sent to the student's school in Term 4 (following the Camp)  
\*Travel to be organised and paid for separately by the student/school

**To be completed by the school:**

Is the school able to cover all / some of the Camp costs via STAR funding?	Yes / No	If Yes, amount to be covered (not including travel)	\$
		If No / not the full amount, are the student / family aware they will need to cover the camp / remaining camp cost?	Yes / No

**Acknowledgement of Risk**

I understand that there are risks associated with involvement in school events and that these risks can not be reduced to zero. I also understand that the management of risk is a shared responsibility between the school staff and helpers and the participants.

**It should not need to be stated, that following conditions apply:**

1. School rules apply.
2. There will be no smoking, vaping or consumption of alcohol by students on this trip.
3. Staff members accompanying the trip have the power to make decisions for the welfare of the group and individuals. This implies that members of the group may be returned home if they do not comply with the rules. Parents will be contacted before such action takes place. The cost of such return must be covered by parents/caregivers.
4. Any loss or damage caused by a member of the group will be their liability and not the responsibility of the School.
5. Other adult members of the party will be shown the same respect as staff members.

**Acknowledgement and Consent**

Please read through the following points and tick the corresponding boxes:

- I understand and agree to pay any camp costs not covered / available through STAR funding
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me

**Signature of Parent/Caregiver:** ..... **Date:** .....

**Signature of Student:** ..... **Date:** .....

**School Agreement:**

This school agrees to organise and meet all expenses if the student named on this form is returned home early for behavioural reasons.

**Signature of Principal:** ..... **Date:** .....

*Please send this completed form to: Laura Biddlecombe at Email: [arts@hurunuicollege.school.nz](mailto:arts@hurunuicollege.school.nz)  
by no later than Friday 10th March 2023*