OVERNIGHT STAY & CONSENT

Camp Details

Camp Location: _____

Other Locations: _____
(e.g. Accommodation if different to above)

Departure Date/Time: _____

Return Date/Time: _____

Brief Details of Activities on Camp

_____

Participant Information

Full Name: _____ Date of Birth: _____

Address: _____

Parent/Carers Information

Full Name: _____

Relationship to Participant: _____ Phone Number: _____

Email Address: _____

Name of Person to Contact in an Emergency: _____
(if different from Parent/Carer)

Phone Number of Person to Contact in an Emergency: _____
(if different from Parent/Carer)

Name and Details of Supervising Camp Contact

_____

Name and Distance to Closest Medical Facility

_____

Accommodation Arrangements (e.g. number of persons per room)

_____

Travel Arrangements (e.g. Car, Plane, Bus). Provide detail.

_____

Participant Behaviour

I acknowledge that my child is expected to comply with all BBNZ standards and BBNZ's constitution, by-laws and policies and behave respectfully towards all staff, participants, and facilities. I understand that failure to comply with these standards may result in my child being sent home from the camp at my expense. A link to BBNZ Policies, can be found here www.nz.basketball/about-us/bbnz-policies

Parent/Carer Consent

I have read this information in relation to overnight stay and travel whilst at the camp. I give permission for my child _____
to attend and to travel with staff.

Parent/Carer Name	Signature	Date
_____	_____	_____