



REGISTRATION for Young Leaders, Trainees and Team

TRACKS 'Rite of Passage' 6pm 21ST JANUARY - 4.30pm 27TH JANUARY 2017

Kia Ora – Greetings, This letter is to inform you about the important details of the event and for you to then confirm attendance.

BEGINNING OF THE EVENT:

The event begins for Young Leaders, Trainees and the rest of the Facilitation team at the Tui Events Park 500 metres before the Wainui Bay entrance to the Abel Tasman NP 30 mins drive from Takaka. The event begins **Saturday 21st** in the evening with **6pm** dinner though you can arrive anytime that afternoon and hang out and help cook dinner and get the site ready. The following day we will do some activities designed to bring us together as a team and prepare ourselves and the site for the new boys to arrive the following afternoon.

COMPLETION OF THE EVENT

The event will end on **Friday 27th** with a **2pm** ceremony and celebration that finishes at approximately **4:30pm**. This is also at the Tui Events Park 500 metres before the Wainui Bay entrance to the Abel Tasman NP 30 mins drive from Takaka.

This closing ceremony is mainly for the new young men and their families who have just completed the rite of passage for the first time. It is also an opportunity for everyone else on the team to be witnessed by our loved ones as having finished this Tracks Rite of Passage as a support person and that we are ready to return, possibly in a new way. Tracks Rites of Passage are always significant in some way for everyone involved because they always offer an opportunity for change. **Because of the intensity of the course we recommend that participants, where possible, make space and time for reflection, incorporation and recovery after the event.**

We encourage family and friends of Young leaders and Team to come and participate in the return ceremony. Other family members, partners, grandfathers, grandmothers, aunts, uncles, friends are also encouraged to join the celebration of the new young men returning to the community. It is a very special celebration and it is **crucial** that it is strongly supported by our family and friends, for we are the community. There will be yummy food and drinks provided.

MEALS

If you have any special dietary requirements, please let us know in advance. (see medical form)

THIS INCLUDES BEING VEGETARIAN - PLEASE TELL US IF YOU WANT A VEGETARIAN OPTION.

STUFF TO BRING: note TRACKS camps are outdoors and can be cold, wet and hot weather
TRACKS will be providing accommodation in tents and a thick foam mattress.

Warm Bedding, sleeping bag is best, optional pillow,
optional wool (fire resistant) blanket for by the fire
Personal Toiletries & Clothing: long pants, shorts, T-shirts, socks, 2 towels, Swim-wear
Jacket, Jersey, fleece, polypro under clothing etc
Wet weather gear - water proof jacket & pants - gumboots if you have them
Footwear for walking/tramping and a spare pair of shoes
Older clothes that can get messy are a good idea.

Optional: Acoustic Musical instruments - drums, rattles, guitars, flutes, didgeridoo's etc

Sacred or special objects to help you to represent your self/spirit

TRANSPORT: Wainui Bay, Golden Bay is a somewhat tricky place to get to please organise your travel early. If you are coming from further afield than Nelson please consider flying in and out of Takaka on Golden Bay Air. Please advise us early if you need or are able to share transport, we do help to coordinate rides.

HEALTH

We are planning physical activities; please complete and return the **Parent Consent** (if applicable) and **Medical Forms** to let us know any concerns regarding level of ability, medication or any other additional support required.

DON'T BRING

Money, Wallets, Clocks, Watches, Electric Music players of any kind, Cell phones, Alcohol or other Drugs.

RESPONSIBILITY OF PARTICIPATION

The TRACKS events are intensive and people are asked to take care of themselves and be responsible for their participation and choices. Non-violence, confidentiality and freedom of choice underpin all Tracks events.

COST - Please contact us if you have any questions or need support with finance.

- Young Leaders and Trainees the cost is \$350.

All you need to do now to secure your place is pay your non-refundable deposit of \$100.00 and send in the registration form and the parent consent form if applicable. If you have any questions about anything please get in touch.

Ka Kite Ano

Adge

rites of passage event registration

Tracks Office

156 Commercial St • Takaka • 7110 • New Zealand

Ph: 03 525 8778 • Email – info@tracks.net.nz

www.tracks.net.nz

TRACKS TRUST REGISTRATION FORM:

Event Type and Date (e.g. Rites of Passage 01 2018): _____

To secure a place please mail back registration form (along with medical and consent pages) and \$100 deposit per person. If an event is full we will contact you regarding a reserve list for the preferred event or the next. Cheques can be made out to **Rites of Passage Foundation**. You can also pay by Internet banking and mail back the forms. **PLEASE IDENTIFY YOUR PAYMENT** with the last name of the participant and the date of the event. E.g. Horton 0114 and send us an email to confirm the payment. **Rites of Passage Foundation's account number: 03-1354-0298064-00 Please note that the deposit is non-refundable and that participants are liable for the full fee if cancelling within 7 days of the event start date.**

Participant's first name(s): _____

Surname: _____

Address: _____

Home Phone: _____ Work: _____

Participant's Mobile: _____ Email: _____

Participant's School: _____

Amount paid, how and when: _____

Signature of the Parent/Guardian - 'I agree to the terms set out by this form'

Print first name(s): _____

Surname: _____

Date: _____ Signature: _____

Name of Accompanying Man if Applicable: _____

Relationship to Participant: _____

Address: _____

Home Phone: _____ Work: _____

Mobile: _____ Email: _____

Amount paid, how and when: _____

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TRACKS TRUST MEDICAL FORM:

These details will be kept confidential by Tracks Trust.

Participant Name: _____ Surname: _____

Age during camp: _____ Date of birth: _____

Parent/Guardian Name(s) _____ Surname: _____

- Does the participant have any medical conditions?**
- Is the participant using any medications? (e.g. Ritalin for ADHD)**
- Does the participant have any historical conditions?**

YES / NO If Yes please give further details, use more pages if necessary. e.g. If participant suffers from asthma please list triggers for attacks, strategies for easement of attacks and list clearly what medication type he is taking if any.
If participant is taking or may need any kind of medication (**e.g. antihistamine**) please make sure he has all he needs for the event and list here what it is. Use more pages if necessary.

Any specific dietary requirements?

Emergency Contact Details:

In case of accident or illness please advise whom you wish to be notified;

First name(s): _____ Surname: _____

Relationship to participant: _____

Address: _____

Home Phone: _____ Work: _____

Mobile: _____ Email: _____

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TRACKS TRUST CONSENT FORM:

- I wish to give permission for my son to take part in activities associated with TRACKS. I have ensured that my child understands that it is important for his/her safety and for the safety of others that any instructions given by a member of staff are obeyed at all times.
- I/we being the parent/guardian of the attending boy declare that I/we understand that the activities may involve walking for several hours, running, jumping, water and use of adventure equipment, thus exposing my son to situations and physical activity not encountered in a classroom.
- I/we acknowledge that while TRACKS and its staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of TRACKS and its staff.
- I/we understand that my/our son's involvement in the TRACKS Program may mean that he is remote from immediate medical help. I/we have provided TRACKS with enough written information to deal appropriately with the attending boy's medical conditions if any.
- I/we further authorise TRACKS, in the event of any injury or illness, and where it is not possible or reasonable to obtain my/our consent at the time, to engage a medical practitioner, ambulance or hospital facilities. In this event I/we agree to pay all such emergency evacuation, ambulance, doctor, nurse and /or hospital expenses.
- I/we have read the Registration, Medical and Consent Forms and the Overview information and understand the level of involvement required of me/us and our son.

Participant first name(s): _____ Surname: _____

Parent/Guardian

name(s): _____ Surname: _____

Signature of Parent/GuardianDate.....

PARTICIPANT CONSENT AND STATEMENT OF INTENT:

(If you have any questions please don't hesitate to contact us)

Please write one (or more) sentence(s) about what your intention is for the TRACKS Program.

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