

Registration Form

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 www.retreat4change.com



1. Personal Details

Full Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	/ /	Age	
Citizenship/ Residency	<input type="checkbox"/> New Zealand Citizen/Resident <input type="checkbox"/> Australian/Pacific Island Citizen <input type="checkbox"/> Other		
Ethnicity	<input type="checkbox"/> NZ European/Pakeha <input type="checkbox"/> Other European <input type="checkbox"/> Latin American	<input type="checkbox"/> Maori <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> African <input type="checkbox"/> Other: _____
Postal Address			
Home Phone			
Work Phone			
Mobile Phone			
Email			
Alternative Email			
Employer/ Organisation			
Job Title			

2. Next of Kin Details

Full Name	
Postal Address	
Home Phone	
Work Phone	
Mobile Phone	
Email	
Alternative Email	

3. Personal History

<input type="checkbox"/> N/A	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Vegan
<input type="checkbox"/> Vegetarian Exclusive	<input type="checkbox"/> Other Food Allergies/Intolerances (Provide details of which foods).		

4. Criminal History

Do you have any charges pending or convictions? Yes No

If YES - provide details of all charges, convictions, sentences and dates:

5. Retreat Terms and Conditions

HEALTH QUESTIONNAIRE	
These questions are designed to understand and protect your health and safety which is part of the Retreat4Change commitment to all participants. Please answer each question completely.	
Do you wear a Medic-Alert tag?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify.	
<hr/> <hr/>	
Do you have high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a heart murmur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you experience allergic reactions to bee or wasp stings, peanuts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any disabilities or problems with back, hips, knees or ankles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify.	
<hr/> <hr/>	
Are you taking any medication that would hinder your ability to take part in this Retreat4Change Programme?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you walked on level ground for half an hour at an average pace would you get out of breath, have pains in your chest or legs, or develop muscle fatigue?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you suffer from the following: Hypoglycaemia Diabetes Epilepsy

Do you have any medical issues that your doctor wouldn't approve of your participation in the outdoors segment of this programme?

Yes No

Is there any other medical information we should know about? Yes No

Please indicate below

Do you have a disability?

Hearing Intellectual Physical Vision

Are you receiving treatment/counselling for alcohol or drug use? Yes No

Are you receiving treatment/counselling for:

Anxiety Depression Bi-polar Schizophrenia Eating or other disorder

OTHER CONCERNS

If you have concerns about any of these or other health issues please provide details:

OUTDOOR ACTIVITY/PURSUIT

Retreat4Change has two outdoor activities that involve possible concerns or risk.

The first activity involves walking half an hour to a land feature and engaging in an eco-metaphor exercise, mindfulness reflection and nature's health benefits. In this context nature becomes the therapist while the retreat director facilitates the experience. Generally, this activity is low risk.

The second relates to a physical outdoor pursuit/s which is directed by a professional outdoor instructor. The risk is increased while participating in this pursuit and covers a different engagement, conditions, protocols and agreement.

At all times your safety and welfare are our primary concern.

No photographs, testimonials or programme experiences from the Programme will be used for Retreat4Change promotional purposes, unless express permission is received from each participant.

Confirmation of your enrolment is subject to approval from the director of Retreat4Change. This is to ensure your safety, the safety of others and quality retreat outcomes for all.

6. Participant's Declaration

- I have read and agree will all Retreat4Change terms and conditions, retreat protocols, confidentiality agreement, health and safety and risk disclaimer requirements.
- I am willing to fully participate in my course, comply with all instructions, and respect others, their beliefs and belongings .
- I understand that, to the maximum extent allowable by New Zealand law, Retreat4Change is not liable for any injury, damage, delays or other additional costs that I incur. If I am an international participant, these terms and conditions and my participation in Retreat4Change is governed by New Zealand law; I am therefore subject to the exclusive jurisdiction of New Zealand courts.
- I understand that, except as expressly permitted by law, if I give false information, withhold relevant information, or do not advise of any new relevant information, and that if I do not comply with the above Terms and Conditions, my enrolment may be cancelled at my own expense.

Participant's Signature		Participant's Name	
		Today's date	/ /