



# Blue Light North Island Activity Camp 2025

Monday 24 – Wednesday 26 March 2025

Blue Light Āwhitu Youth Camp

Join us for a week full of action packed fun and adventure activities at our 2025 North Island Activity Camp.

**Limited to 4 teams per camp – so get in quick**

Teams are to consist of 10 people, 4 girls and 4 boys from years 7 & 8 plus 2 adult supervisors

**\$500**  
per team

**For more information, or to apply, get in touch**  
[programmes@bluelight.co.nz](mailto:programmes@bluelight.co.nz)

[www.bluelight.co.nz](http://www.bluelight.co.nz)

## **What is an Activity Camp?**

Blue Light Activity Camps are action-packed fun adventure camps for year 7 & 8 students in New Zealand.

We hold 2 Activity Camps per year – one held in the North Island and one held in the South Island - and they are designed for small groups of youth to gather together from branches around the country to make new friends and experience some of the amazing adventure education activities available in Aotearoa.

## **Dates:**

24 - 26 March 2025

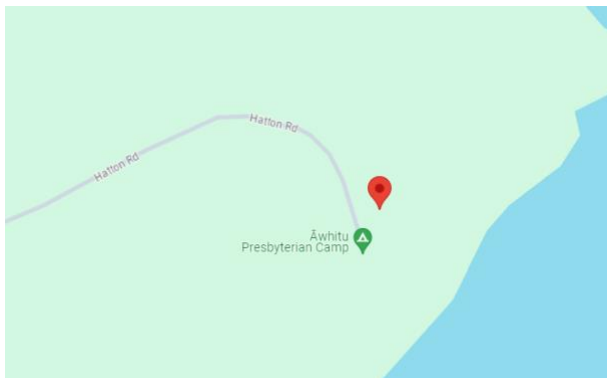
## **Cost**

\$500 per team (Includes all activities, accommodation, and meals)

## **Location:**

Blue Light Āwhitu Youth Camp

331 Hatton Road, Āwhitu, 2684



## **Teams**

Teams are to consist of 10 people, 4 girls and 4 boys from years 7 & 8 plus 2 adult supervisors

## **Forms to be completed and sent to [jen@bluelight.co.nz](mailto:jen@bluelight.co.nz) for application**

- **Team & Branch Details Form**
- **Supervisor Registration (both supervisors from your team must complete one of these forms each)**
- **Participant Registration form (every young person must complete one of these forms each)**
- **Medical Risk Acknowledgement Form (every young person must complete one of these forms each)**
- **Vetting Service Request & Consent Form (both supervisors from your team must complete one of these forms each)**

## **Activity Camp Contacts:**

**Programme Coordinator – Jenna Crow**

022 125 1028

## Activity Camp Gear List

✓	ESSENTIAL ITEMS	QUANTITY	NOTES
	Towels	2	
	Flannels	2	
	Underwear	6	
	Socks	6	
	Running shoes	1	
	Toothbrush and toothpaste	1	
	Soap or Bodywash	1	
	Shampoo/conditioner	1	
	Deodorant	1	
	Hair ties, hairbrush/comb	1	
	Waterproof jacket	1	
	Jandals	1	For showering
	Sleepwear	1	
	Medication		
	Shorts	3	For physical activity
	T-shirts	3	For physical activity
	Sunhat and sunscreen	1	
	Casual clothes	2	For free time
	Comfortable Casual Shoes	1	
	Warm jumper or hoodie	2	
	Warm pants/trackpants	2	
	Backpack	1	
	Sleeping Gear		
	Water Bottle	1	
	OPTIONAL ITEMS	NOTES	
	Insect repellent		
	Chapstick		
	Snacks/treats		
<b>!! FORBIDDEN ITEMS !!</b>			
	Sharp objects	I.e. Scissors, pocketknives etc	
	<b>Cigarettes, lighters, matches, vapes, drugs, alcohol</b>	<b>Blue Light facilities are smoke and alcohol-free</b>	

**Notes:**

- All items must be named
- All participants are advised no money is needed whilst attending the Activity Camp



## Activity Camp Team & Branch Details Form

Please fill in the form below with your teams' details and your Blue Light Branch details.

Team Details	
<b>Team Name:</b>	
<b>Boy 1:</b>	<b>Age:</b>
<b>Boy 2:</b>	<b>Age:</b>
<b>Boy 3:</b>	<b>Age:</b>
<b>Boy 4:</b>	<b>Age:</b>
<b>Girl 1:</b>	<b>Age:</b>
<b>Girl 2:</b>	<b>Age:</b>
<b>Girl 3:</b>	<b>Age:</b>
<b>Girl 4:</b>	<b>Age:</b>
<b>Adult Supervisor 1:</b>	<b>Phone Number:</b>
<b>Adult Supervisor 2:</b>	<b>Phone Number:</b>
Blue Light Branch Details	
<b>Blue Light Branch:</b>	
<b>Contact Person:</b>	
<b>Contact Postal:</b>	
<b>Contact Email:</b>	
<b>Contact Phone:</b>	



## Blue Light Activity Camp Participant Registration Form

All young people participants attending an Activity Camp must complete one of these forms each.

### Participant's Personal Details

**First Name/s:**

**Last Name/s:**

**Gender** (Please circle) M / F

**Date of birth:**

**Age:**

**Street Address:**

**Suburb:**

**Town/City:**

**Postcode:**

**Home Phone:**

**Mobile Phone:**

**School/course attending:**

**Email Address:**

### Parent/Caregiver Details

**First Name/s:**

**Last Name/s:**

**Street Address:**

**Suburb:**

**Town/City:**

**Postcode:**

**Home Phone:**

**Mobile Phone:**

**Relationship to participant:**

**Email Address:**

### Declaration

I declare that the information given in this form is true and complete to the best of my knowledge. I give permission for Blue Light to take all responsible action to seek medical attention should I require it at my own expense. The staff and supervisors have the authority to take whatever action they think necessary to ensure the safety, well-being and successful conduct of the participants as a group or individually in the above-mentioned activity. Blue Light regularly produces materials to profile its various programmes and services to the community. Blue Light reserves the right to use these materials which include media releases and publications. At times these materials contain stories and photos of participants.

**Participant's Signature:**

\_\_\_\_\_

**Date signed:**

\_\_\_\_\_

**Participant's parent/caregiver's  
signature**

\_\_\_\_\_

**Date signed:**

\_\_\_\_\_





## Medical Risk Acknowledgement Form

**All young people attending the Activity Camp must complete one of these forms each.**

The purpose of this form is to provide a written source of information about individuals who are participating in activities provided by the Blue Light staff. It is essential that this form is completed fully, and all relevant information is supplied. This document will be required in the event of an emergency and will also assist staff in understanding any special needs that the participant may have. This information is confidential, and access is restricted to programme staff, except in cases where harm or loss is likely to occur without disclosure of this information.

If any participant is under the influence of drugs or alcohol, they will not partake in the activities listed below.

<b>Date of Activity:</b>	<b>24 - 26 March 2025</b>			
<b>Blue Light Branch / Group:</b>				
<b>Participant's Full Name:</b>				
<b>Date of Birth:</b>		<b>Age:</b>		<b>Gender:</b> M / F
<i>(If under 18) Name of Parent / Guardian giving consent &amp; filling in this form</i>				
<b>Name:</b>				
<b>Relationship to participant:</b>				
<b>Email:</b>				
<b>Contact Number:</b>				
<b>Address &amp; Postcode:</b>				

### **HEALTH AND MEDICAL INFORMATION**

Please provide as much information as possible, as this will enable us to better meet the needs of the participant. We aim to make activities inclusive, not exclusive, whilst maintaining safety.

If the space provided is inadequate for a complete description, or if there are other medical condition/s we should be aware of, please provide details on a separate sheet of paper and attach them to this form.

Does the participant have (or ever had) any of the following - <i>(Please tick)</i>					
	Epilepsy		Phobias		Dislocations
	Heart Conditions		Learning Difficulty		Broken Bones
	Neck / Back / Head Injuries		Diabetes		Asthma
	Joint/Muscle damage		Re-occurring Nose Bleeds		Travel Sickness
	Migraine		Colour Blindness		Dizzy Spells
	Other:				
<b>Medical Alert Number:</b> <i>(If applicable)</i>					



## Medical Risk Acknowledgement Form

<b>Date of last tetanus Injection:</b>	
<b>Is the participant taking medication?</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please state reason. ..... .....
	<b>Name of Medications:</b>
	<b>Dosage/s &amp; time(s) to be taken:</b>
<b>Any dietary requirements? – Please specify:</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please state reason. ..... .....
<b>Has the participant had any major injuries (breaks or strains) or illness (e.g., Glandular fever etc) in the last 6 months that may limit full participation in any activities? – Please specify:</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please state illness. ..... .....
<b>Is the participant allergic to any of the following? - Please specify:</b>	<b>Prescription Medicine?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify. ..... .....
	<b>Food?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify. ..... .....
	<b>Insect Bites / Stings?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify. ..... .....
	<b>Other Allergies?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify .....





## Medical Risk Acknowledgement Form

	<p><b>Treatment Required?</b> – <i>Please specify:</i></p> <p>.....</p> <p>.....</p>
<p><b>Tick the medication you are happy for Blue Light to administer</b></p>	<p><input type="checkbox"/> Paracetamol                      <input type="checkbox"/> Ibuprofen</p> <p><input type="checkbox"/> Antihistamine                      <input type="checkbox"/> Habitrol</p> <p><b>Other:</b> .....</p> <p>.....</p>
<p><b>Does the participant have any physical disabilities?</b></p>	<p><input type="checkbox"/> No                                      <input type="checkbox"/> Yes - Please provide details</p> <p>.....</p> <p>.....</p>
<p><b>Does the participant have any skin conditions or infected wounds?</b> ( E.g. scabies, eczema)</p>	<p><input type="checkbox"/> No                                      <input type="checkbox"/> Yes – Please provide details</p> <p>.....</p> <p>.....</p>
<p><b>Is there any other information that staff should know to ensure the physical &amp; emotional safety of the participant.</b> (E.g. – Cultural practices, disability, anxiety about heights / darkness / small spaces / swimming, pregnancy, behavioural / emotional difficulties)</p>	<p><input type="checkbox"/> No                                      <input type="checkbox"/> Yes – Please provide details</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Does the participant have any learning difficulties, is neuro-diverse, or has any mental health challenges?</b> (E.g. Dyslexia / ADHD / Autism, mental health concerns – Suicide / self-harm behaviours)</p>	<p><input type="checkbox"/> No                                      <input type="checkbox"/> Yes – Please provide details</p> <p>.....</p> <p>.....</p>
<p><b>Please tick if the participant does any of the following</b></p>	<p><input type="checkbox"/> Vape                                      <input type="checkbox"/> Smoke</p> <p style="color: red;">Please note all Blue Light sites are <b>Smoke Free</b></p>
<p><b>Participant's Swimming Ability</b> - <i>Please circle</i></p>	<p><b>Minimal Ability</b></p> <p><b>Can swim up to 50m</b></p> <p><b>Can swim 100m or more</b></p>



## Medical Risk Acknowledgement Form

Please tick the following:

<input type="checkbox"/>	I agree to my child receiving emergency medical care from medical authorities if necessary
<input type="checkbox"/>	I am the legal guardian for this participant
<input type="checkbox"/>	<b>Tick this box if you give permission for us to take photos of you / your child whilst attending the program – these may be used for advertising and/or social media purposes</b>

**I acknowledge that the risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognise that accidents may occur.**

The staff and supervisors have the authority to take whatever action they think necessary to ensure the safety, well-being, and successful conduct of the participants as a group or individually in the above-mentioned activity (s). If my young person becomes ill or is accidentally injured, Blue Light may obtain on my behalf whatever medical treatment my young person requires at my expense.

I understand that if I recklessly or intentionally, don't follow the rules or instructions set out by Blue Light and the instructor, which I have been made aware of, Blue Light will not be held responsible for any injury, damage, or loss I cause to myself/my property, or another person/their property, resulting from my action (or lack of action)

PARENT/GUARDIAN \_\_\_\_\_

Print Name

Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_