



Life Skills Camp 2027

- › TEAMWORK
- › SELF DISCIPLINE
- › RESILIENCE
- › SELF CONFIDENCE

\$500
per person



Trentham
Jan 18-22
Feb 1-5



Burnham
June 14-18
Aug 23-27



Whenuapai
Jan 25-29



Waiouru
Oct 11-15

- 14-17 years old
- Week long camps
- Explore services as a career
- Gain 4 Level 1, 8 Level 2 NCEA credits
- Gain employable skills

Life Skills Camp

Introduction

Blue Light is a registered charity. We have run programmes and activities, free from drugs, alcohol and violence for young people for over 35 years. We work in partnership with the NZ Police and local communities to empower youth.

The aims of Blue Light are to:

- Reduce youth crime
- Build community partnerships
- Build young people's self-esteem
- Enhance community safety
- Build positive youth and Police partnerships.

Programme Overview

The Life Skills Programmes centres on a week-long residential experiential-learning camp in partnership with the NZ Defence Force, focusing on leadership training, practical skills, self-confidence, teamwork, and leaderless tasks.

Participants on this programme can also earn up to 8 Level 2 and 4 Level 1 NCEA credits

"My 17-year-old son was leaving school, unsure what he wanted to do. He attended the Blue Light course in which he excelled. This programme helped him focus and gave him a clear direction for his career and subsequent future".



Why Camps?

Research has shown activity based education is an ideal vehicle to develop young people.

Taking young people away from distractions of everyday life has proven to be extremely effective in teaching them ways to improve and manage their lives moving forward.

Camp Locations

Camps are held in locations across New Zealand – North at Whenuapai Air Force Base, Central at Trentham Military Camp and South at Burnham Military Camp.

Participant's Criteria

The Life Skills Programme is for young people aged 14-17 years of age. Participants must be healthy and physically fit, as some activities are demanding. The programme would ideally suit young people showing qualities like team involvement, being confident amongst peers and groups of people, being able to communicate and being open to ideas.

This programme would also suit those young people considering career opportunities in the services such as the Air Force, Army, Navy or Police.



Camp Dates

Camps are held up to 12 times a year. Refer to www.bluelight.co.nz for dates and camp availability.

Camp Achievements

At the conclusion of the camp, a formal ceremony is held which is attended by Police, NZ Defence Force and Blue Light staff. We encourage all referrers and families to attend and support the participants as they receive their certificates as proof of their accomplishments.

Camp Cost

\$500 per person.

How to Apply

Fill in the attached application and medical form and send it to: programmes@bluelight.co.nz

Blue Light Ventures Incorporated is required to request personal information to ensure participants are eligible and able to attend activities, programmes and events. This information is stored electronically to ensure safety of the data. Blue Light staff will have access to this information as well as government agencies for auditing purposes only. Blue Light Ventures Incorporated will use information collected, however you as the client have the right to access the information collected about you and to correction of that information (if necessary). Blue Light collects, retains, and shares information in line with the Privacy Act 2020. If you have any questions or concerns please email privacyofficer@bluelight.co.nz

By signing this form, you agree that you have read and understood this statement.

ATTENDEE'S PERSONAL DETAILS

Camp Location: (Preference)

First Name/s:

Last Name/s:

Gender (Please circle)
M / F

Date of birth:

Age:

Street Address:

Town/City:

Region:

Postcode:

Home Phone:

Mobile Phone:

Email Address:

Confident Swimmer? ☐ Yes ☐ No

Ethnicity:

Shirt Size:

School/course attending: (Education Provider)

PARENT/CAREGIVER DETAILS

First Name/s:

Last Name/s:

Street Address:

Town/City:

Region:

Postcode:

Home Phone:

Mobile Phone:

Relationship to attendee:

Email Address:

Referrer Details

Name:

Phone:

Email:

Compulsory for attendees to complete

What are your interests and what would you like to get out of the camp?

I declare that the information given in this form is true and complete to the best of my knowledge. I accept that the possibility of injury is inherent in the undertaking of physical activity. I will not hold Blue Light responsible for any injury or loss associated with my attending this programme. I give permission for Blue Light to take all responsible action to seek medical attention should I require it at my own expense. 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 clients.

Signature:

.....

Date signed:

.....

Attendee's
parent/caregiver's
signature

.....

Date signed:

.....

Payment		Cost for Camp \$500 inc. GST	
Credit Card Number	Expiry Date	CVV	
Name on Card	Cardholder's Signature		
All applications are internally reviewed by Blue Light. If application is successful invoice for payment will be sent out. If an application isn't successful, any payments made will be refunded. Your card will only be charged once the young person is accepted. Bank transfer is available.			

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 to understand 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.

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Please be aware some activities have a maximum weight of 120kg and others 150kg. For this reason, please enter below the participant's current weight.

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

Date of Activity:							
Blue Light Branch / Group:							
Participant's Full Name:							
Date of Birth:		Weight:		Age:		Gender:	M / F
<i>(If under 18) Name of Parent / Guardian giving consent & filing in this form</i>							
Name:							
Email:							
Contact Number:							
Address & Postcode:							

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 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:					
Medical Alert Number: <i>(If applicable)</i>					
Date of last tetanus injection:					
Is the participant taking medication?			☐ No ☐ Yes – Please provide details		
			Name of Medications:		
			Dosage/s & time(s) to be taken:		
Any dietary requirements?			☐ No ☐ Yes – Please provide details		
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?			☐ No ☐ Yes – Please state illness		
Is the participant allergic to any of the following?			Prescription Medicine? ☐ No ☐ Yes – Please provide details		

	Food? ☐ No ☐ Yes – Please provide details
	Insect Bites / Stings? ☐ No ☐ Yes – Please provide details
	Other Allergies? ☐ No ☐ Yes – Please provide details
	Treatment Required? – Please provide details
Tick the medication you are happy for Blue Light to administer:	☐ Paracetamol ☐ Ibuprofen ☐ Antihistamine ☐ Habitrol Other:
Does the participant have any physical disabilities?	☐ No ☐ Yes – Please provide details
Does the participant have any skin conditions or infected wounds? (E.g. scabies, eczema)	☐ No ☐ Yes – Please provide details
Is there any other information that staff should know to ensure the physical & emotional safety of the participant: (E.g. – Cultural practices, disability, anxiety about heights / darkness / small spaces, swimming, pregnancy, behavioural / emotional difficulties)	☐ No ☐ Yes – Please provide details

Does the participant have any learning difficulties, is neuro-diverse, or has any mental health challenges? (E.g. Dyslexia / ADHD / Autism, mental health concerns – Suicide / self-harm behaviours)	☐ No ☐ Yes – Please provide details
Please tick if the participant does any of the following:	☐ Vape ☐ Smoke Please note all Blue Light sites are Smoke Free
Participant's Swimming Ability- Please tick	☐ Minimal Ability ☐ Can swim up to 50m ☐ Can swim 100m or more

Please tick / Circle the following:			
☐	I agree to my child receiving emergency medical care from medical authorities if necessary		
☐	I am the legal guardian of this student		
☐	Do you have any- Court Ordered Custodial Agreements in place <i>Please attach a copy of the court order</i>	YES	NO
☐	I give permission for photographs of myself/my child to be taken during the programme. I understand that these images may be used for promotional purposes, including advertising and/or social media		

ACTIVITY AND RISK INFORMATION

Please ensure your child is aware when participating in activities with Blue Light they may be partaking in high-risk recreational activities that involve heights, uneven surfaces, equipment, water, and be near public roads which present hazards if safety instructions are not followed.

At Blue Light we manage risk with trained staff and safety equipment. However, participating in any activity has an element of risk. Below is a list of activities offered.

Every programme is created differently, students will have a selection of activities to try, these will be organised by the Programme Coordinator.

BLUE LIGHT ACTIVITIES	
High-Ropes- Trying different obstacles on a high ropes course.	Raft Building- Building a raft and seeing if your raft can hold your team on the water.
Rock Climbing- Trying to climb our 8m Rock-Climbing tower.	Kayaking- Learn some kayaking skills in the water.
Abseiling- Abseiling down our 8m tower.	Chariots- Build a chariot or stretcher and see if it can hold one of your team members.
Challenge Course- Using your team to get through the obstacles of the challenge course.	Archery- Learn to shoot an arrow from a bow and hitting a target.
Low Ropes- Using teamwork and balance to complete the low ropes course.	Orienteering- Using a map to navigate your way around the camp to try to find all the markers.
Slacklines- Learn how to walk the slacklines.	Bubble Attack- Hop into our bubbles and play a few games.

Pump Track- Pump track learning new skills on BMX bikes, skateboards & scooters.	Team Building- Use teamwork to overcome puzzles, challenges, and blast activities.
Gym Sports- using gym equipment, basketball, soccer, indoor hockey, touch rugby, boxing.	Bush Walks / Tramps / Overnight Excursions
Team Building- Use teamwork to overcome puzzles and challenges.	Sand Duning- Slide down the sand dunes on Boogie Boards.
	Water Activities /Swimming- Beaches/ lakes.
EXTERNAL ACTIVITIES (Not run by Blue Light)	

At Blue Light we use a 'challenge by choice' model, meaning your student will never be forced to complete any activities but given the choice to decide in what capacity they participate in the activities. But if there are any activities you do **not want** your student to participate in, please write them below:

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.....

I acknowledge that 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.

I also acknowledge and consent to staff temporarily collecting students cell phones during the programme to support safety, focus, and group engagement.

The staff and supervisors have my authority to take any actions they consider necessary to ensure the safety, well-being, and effective management of the participants—either individually or as a group—during the above-mentioned activity(s). If my young person becomes ill or is accidentally injured, Blue Light may obtain on my behalf any medical treatment my young person requires at my expense.

I understand that if I act recklessly, intentionally, or fail to follow the rules and instructions set out by Blue Light and its instructors — which have been made aware of — Blue Light will not be held liable for any injury, loss, or damage to myself, my property, or to others and their property that results from my actions or inactions.

PARENT / GUARDIAN _____

Print Name _____ Signature _____

Date ____ / ____ / ____



PARTICIPANT CODE OF CONDUCT

WHEREAS:

- The Youth Development Unit Programme (“the Programme”) provided by the New Zealand Defence Force for organisations is designed to provide young people with great opportunities based on training they undertake as part of the scheme, and is conducted as part of the New Zealand Blue Light Ventures (“NZBLV”).
- Whilst in that environment individuals will be expected to conduct themselves in a manner consistent with serving members of the military and respective Services. The purpose of this agreement and consent form is to obtain the consent of the individuals enrolled in the scheme and their parents or lawful guardian to participations in services type activities, and to establish a Code of Conduct by which all participants in the scheme will abide.
- Failure to comply with any aspect or condition of the Code of Conduct will result in the discontinuation of any training, summary removal of the participant from the Programme.

The undersigned parties hereby consent to and agree that:

- Whilst participating in the Programme participants will be required to undertake physical and academic training of a military nature.
- Whilst participating in the Programme and at any time whilst present in Defence Area (as defined in the Defence Act 1990) participants will be subject to and bound by the provisions contained in Part VII of the Defence Act 1990 and Part III of the Defence Regulations 1990.
- Whilst participating in the Programme and at any time whilst in a Defence Area, participants are to comply with the lawful directions, instructions, or orders of the course manager, directing staff, Service instructors, Officer in Charge of the Defence Area or duly Authorised Person (as defined in the Defence Regulations 1990).
- Visits to any Defence Area or any training activity or location used in conjunction with the Programme by any party or parties other than the participants will be only at the discretion of the Course Manager, and such times and locations of any such visitation will not be subject to variation without the prior approval and consent of the Course Manager.
- Participants are to comply with the dress and hygiene contained in the administration instruction and any other dress regulations or requirements as May from time to time be issued or advised by the Course Manager.

- Participants are not permitted to possess, consume, or bring into any Defence Area at any time any e-cigarettes/ vaping devices, cigarettes, alcohol or non-prescriptions drugs, and are not permitted to possess or bring into any Defence Area any weapon of any form.
- Participants must attend all instruction on or during the Programme and complete all aspects of the course. With the exception of compassionate or emergency absences, any request for exemption or release from any part or aspect of the Programme must be made to the Course Manager two weeks in advance of the intended date of absence. If a request for exemption or release is based on medical grounds the request must be accompanied by appropriate medical evidence to support the request. The Blue Light Staff retains discretion to grant temporary exemptions or release from any part or aspect of the Programme, and such discretion shall be final.

PARTICIPANT CONSENT FORM

The undersigned parties further agree, acknowledge and consent:

- I, *(Print full name)* _____ am a proposed participant in a New Zealand Defence Force Youth Life Skills programme.
- New Zealand Blue Light Ventures Inc. has advised me of the particular hazards which exist and the situations which could arise where people may not be safe, or harm or serious accident may occur to me or any other person, which may result in damage to personal equipment or clothing, injury or death.
- I acknowledge that I will be exposed to such hazards and in such situations when partaking in the Youth Life Skills Programme.
- I authorise the obtaining of medical assistance if in the opinion of NZDF personnel such action is necessary. Cost for medical attention may be forwarded to the referrer / parent to reimburse.
- I confirm that I have no / fully disclosed medical history or condition/s, which could act as an impediment to me partaking in this programme.
- I hereby irrevocably release from liability, indemnify and save harmless NZDF, Blue Light and NZ Police, its employees, consultants, contractors or representatives from all or any liability arising out of any act or omission of NZDF, Blue Light, NZ Police, its employees, consultants, contractors or representatives, which act or omission may result in any damage to property, financial loss, personal injury or death to myself. Further I forgo and waive any right to take any legal action or make any claim of any nature against NZDF, Blue Light, NZ Police, its employees, consultants, contractors or representatives, arising from or in connection with the provision of the Services or my participation therein.
- I acknowledge that during the training period I will be handling property belonging to the NZDF, Blue Light, NZ Police, and may encounter ammunition and pyrotechnics of all descriptions. I further acknowledge that in the interests of safety alcohol and illegal drugs are strictly forbidden at all times immediately before or during the course. Accordingly I irrevocably consent to searches of myself, my

clothing and my possessions at any time upon entering, and leaving the course, and at any time during training. I understand that I will be searched by someone of the same gender as myself. I understand that I am subject to Regulation 32 of the Defence Regulations 1990 and that my person, my clothing and possessions may be searched by reasonable force if need be.

Refer to: <https://www.legislation.govt.nz/regulation/public/1990/0078/1.0/DLM137452.html>

- I understand that during my training period with the NZDF I am subject to Defence Regulations 1990 (pt III) and failing to adhere to the regulations is punishable on summary conviction to a fine not exceeding \$1000 and up to 3 months imprisonment.
Refer to: <https://www.legislation.govt.nz/regulation/public/1990/0078/1.0/DLM137467.html>
- Nothing in this Code of Conduct Agreement and Participant Consent in any way restricts or limits the existing or normal protocols or rules of New Zealand Blue Light Ventures Inc., NZ Police, NZDF or the provisions of the Education Act 1989 and all participants are to comply with such protocols and rules and remain subject to the Education Act 1989 at all times.
- Nothing in this Code of Conduct Agreement and Participating Consent in any way restricts or limits the powers of the Defence Force Personnel under the Defence Act 1990 and the Defence Regulations 1990.
- Blue Light regularly produces materials to profile its various programs 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 clients.
- Failure to comply with any of the above conditions or any aspects of the above may result in removal from the Programme. Any participants so removed and dismissed will be required to return to their home address at their own expense.

Participant:

Participant Name

Signature

Date

Parent/Guardian Name (only if Participant under 18):

Parent/Guardian Name

Signature

Date