****

 **C.A.C.T.U.S. PROGRAM**

 **PICTON CACTUS Term 1, 12th Feb – 6th April 2024**

**(COMBINED ADOLESCENT CHALLENGE TRAINING UNIT AND SUPPORT)**



**NOMINATION FORM**

**Name:**

**Address:**

**Phone: Mobile:**

**Email:**

**Age: Gender:**

**Year Group: Yr9 Yr10 Yr11 Yr12 Yr13 (please circle)**

**Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School:**

**Nominated by: Self □**

 **Parent/Caregiver □**

 **Teacher □**

 **Other □**

**Have you participated in a CACTUS course before? Yes / No**

Parents / Caregivers Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: Phone: \_\_\_\_\_\_\_\_ \_

Medical Considerations

Do you have any other physical/medical conditions or allergies that our instructors should be aware of?

**Statement:**

I recognise that the instructor is not able to provide me with medical advice and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions above to the best of my ability and will notify any C.A.C.T.U.S. instructor should I suffer from any injury, illness or medical condition during the programme.

Signed: Date:

**Photo Consent**

**PHOTO/MEDIA CONSENT – For promotional purposes we post on Facebook, Marlborough Youth Trust Website, School media, and invite local media to take photos of our programmes. If you expressly do not want your child/s photo to be used for any promotional material, please advise below:**

What do you hope to achieve from the C.A.C.T.U.S. programme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.A.C.T.U.S.**

**(COMBINED ADOLESCENT CHALLENGE TRAINING UNIT & SUPPORT)**

**PARTICIPATION CONTRACT**

The next Blenheim CACTUS course starts in Term 1 2024. Dates to be confirmed by 12 Feb 2024. The course will run for 8 weeks ending with "The Longest Day" activity 6th April 2024

Participants need to be able to complete the 8 weeks and it is important that you are available for the LONGEST DAY on Saturday on 6th April 2024. If you are going to have extended periods away during this time, please advise below:

Extended time away? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing of this contract formally acknowledges your acceptance of the rules and conditions as set out below. Serious breach of this contract will result in expulsion from the C.A.C.T.U.S. programme.

CONDITIONS - TRAINEES

1. I agree to always abide by the strict code of military type discipline during this course.
2. While volunteering as a trainee for the C.A.C.T.U.S. programme I will endeavour to complete the entire course.
3. I fully agree to participate in ALL activities provided by the C.A.C.T.U.S. programme, to offer help and encouragement to my fellow trainees and to foster a strong team spirit.
4. I acknowledge and accept that my success or failure in the C.A.C.T.U.S. programme will be judged not only by my physical talents but my ability to perform as part of a team.
5. All CACTUS members are to eat breakfast together as part of CACTUS
6. Trainees will bring the following items to all sessions:
	* Suitable footwear - running, cross-training type shoes
	* Drink bottle
	* Black PE shorts

**CONDITIONS - PARENTS**

1. Assistance if required.

CACTUS is only able to operate with parental assistance. We require a team of parents who would be able to assist with breakfast preparation each morning. All food and equipment will be provided at the venue. Please indicate if you are available to help:

Parent/Guardian: I am willing to help with breakfast Yes / No

 Please indicate what morning you would be able to help:

Mon / Wed / Fri

**SHIRT SIZE**

A training shirt will be provided for you free of charge. If you leave the program before graduation the shirt must be returned.

Please indicate your shirt size: (below sizes are based on men size)

 Small

 Medium

 Large

 X-Large

**COURSE RULES**

* No swearing or foul language
* No spitting
* No smoking
* No drugs
* No disrespect for instructors or fellow trainees
* No lateness

I hereby accept the rules and conditions of this contract as outlined above.

Trainee:

Signature Date

Contact MYT: cactus@myt.org.nz or Aaron on Picton@myt.org.nz