

Registration Form School Holiday Adventure Fun Day

9am to 3pm Challenge Stadium
or 9am to 5pm Byford

Date of Program/s: _____

CHILD 1			
Name:	Date of birth:	Age:	Gender M/F:
Allergies (if any):		Medical Conditions(if any):	
CHILD 2			
Name:	Date of birth:	Age:	Gender M/F:
Allergies (if any):		Medical Conditions(if any):	
CHILD 3			
Name:	Date of birth:	Age:	Gender M/F:
Allergies (if any):		Medical Conditions(if any):	
FAMILY DETAILS			
Parent/Guardian:			
Address:			
Suburb:		Postcode:	
Mobile:		Email:	
Telephone (H):		Telephone (W):	
Emergency Contact:		Telephone:	
OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILD			
Name:	Relation to Child:		Signature:
Name:	Relation to Child:		Signature:
Are there any custody issue relating to the child? Yes/No (If yes please provide details)			
HOW DID YOU HEAR ABOUT THIS PROGRAM?			
PAYMENT DETAILS			
Credit Card MasterCard/Visa			
Expiry:	Amount: \$	Signature:	
Cheque: \$	Cash: \$	(must be paid at the office prior to the program)	
Enrolment not accepted without payment, receipts will be available on the day of the program.			
PARENT DECLARATION			
I acknowledge participation in the program undertaken by myself, other family members and/or visitors is at our own risk. I understand no liability of personal injury, loss or damage to personal effects is accepted by Teamworks Development Australia Pty Ltd or its employees. I understand that should my child require urgent medical attention Teamworks Development Australia Pty Ltd will source necessary treatment and that shall be at my cost. I give permission for my child to be photographed for Teamworks Development Australia Pty Ltd publicity and promotion: Yes / No.			
Signed:		Date:	

teamworks development australia

For further information contact 1800 4 TEAMS
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