



## Workshop Registration Form

Please fill in your details below. The information you supply will be kept confidential.

Parent/Carer First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone no. \_\_\_\_\_ Email address. \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone: \_\_\_\_\_

Names of children attending Workshop:

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Do any of the children have any medical conditions, allergies or special needs I need to be aware of so I can care for their safety and health as much as possible? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Carer Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**Participant Declaration: I agree to participate fully in the group and to do my best to behave appropriately.**

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_