



**LEA SCHOOL OF PHYSICAL CULTURE AND DANCE GERALDTON**  
PRINCIPAL: Karen Moxey INSTRUCTRESS: Virginia Grice

## REGISTRATION FORM

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Parent/carer's name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (mob) \_\_\_\_\_

(W) \_\_\_\_\_

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

Preferred email address: \_\_\_\_\_

Alternate contact person's name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (mob) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

In addition to the 2 people named above (parent/carer and alternate contact person), please name any additional people who have your permission to collect your child from Geraldton Physical Culture. (ID may be requested). Please include relationship to child.

\_\_\_\_\_

\_\_\_\_\_

Allergies/health concerns/current medications: YES/NO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in Physical Culture, and although all care is taken, accept full responsibility. I also give permission for Geraldton Physical Culture to call an ambulance in the case of an emergency.

- I give permission for photos of myself/my child to be published on our Facebook page.\*
- I do not give permission for photos of myself/my child to be published on our Facebook page.

\*note: only first names will be published accompanying photos

Signature: (parent/carer) \_\_\_\_\_

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