



LEA SCHOOL OF PHYSICAL CULTURE GERALDTON  
PRINCIPAL: Karen Moxey 0429344931  
INSTRUCTRESS: Woodren Errington 0403173325

## REGISTRATION FORM

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at end of April: \_\_\_\_\_

Number of years attended Geraldton Physie: \_\_\_\_\_

Parent/Carer's Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Mob) \_\_\_\_\_ (W) \_\_\_\_\_

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

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

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

Phone: (H) \_\_\_\_\_ (Mob) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

In addition to the two 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/we 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- \* note: names will not be published accompanying photos

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