School Holiday Adventure Day: Registration Form

Please email or contact us on (08) 9525 1210 for further clarification

Participant 1 Information

Please mark which days you wish to participate:

- ◯ **TUESDAY, 30th Sept**
- ◯ **THURSDAY, 2nd Oct**
- ◯ **TUESDAY, 7th Oct**
- ◯ **THURSDAY, 9th Oct**

Personal Info

First Name | Surname | Preferred Name | Age at Adventure Day

Address

Medical Info

Allergies, illnesses or past medical history that may influence Adventure Day or medical treatment.

Educational, behavioural, or other information (for example aggression, fears, anxiety etc.).
Please provide as much information as possible which may be relevant to the Adventure Day participation.

Any additional special instructions / notes

PARTICIPANT MUST BE SIGNED IN AND OUT EACH DAY

Please note all personal and medication changes for participants must be provided in writing prior to the Adventure Day.

Participant 2 Information

Please mark which days you wish to participate:

- ◯ TUESDAY, 30th Sept
- ◯ THURSDAY, 2nd Oct
- ◯ TUESDAY, 7th Oct
- ◯ THURSDAY, 9th Oct

Personal Info

First Name | Surname | Preferred Name | Age at Adventure Day

Address

Medical Info

Allergies, illnesses or past medical history that may influence Adventure Day or medical treatment.

Educational, behavioural, or other information (for example aggression, fears, anxiety etc.).
Please provide as much information as possible which may be relevant to the Adventure Day participation.

Any additional special instructions / notes

PARTICIPANT MUST BE SIGNED IN AND OUT EACH DAY

Please note all personal and medication changes for participants must be provided in writing prior to the Adventure Day.

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Parent / Guardian / Carer Information

Primary Contact

First Name | Surname | Relationship to participant

Address

Home Number | Work Number | Mobile Number

Email Address | Name of person collecting Participant

Emergency Contact

First Name | Surname | Relationship to participant

Address

Home Number | Work Number | Mobile Number

Email Address

Please note all changes to contact info / person(s) must be provided in writing prior to the Adventure Day.

Payment Details

Payment must be made in full prior to the Adventure Dayor booking will be forfeit. Payment can be made via EFTPOS or Credit Card.

Type of Card: Credit Card ◯ EFTPOS ◯ (if EFTPOS is selected, an invoice will be emailed to you for payment) EXP.

Please select your card type

Name on Card

Card Number

Please email your completed form to: sitecoordinator@scoutswa.com.au.