

2020 RECREATION ENROLMENT FORM – CHILD

Parent's name:			
Child's Given name:			
Family name (Surname):			
Street no and name:			
Suburb:		State:	Post Code:
Contact no:	Email:		
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> Please tick if you would not like to receive CCC update information	
Emergency contact details – of parent / guardian NOT attending			
Name:	Phone:	Relationship:	
Course attending:			

Do you consider the child or yourself to have a disability, impairment or long-term condition? YES No Who has the condition? Child / parent/guardian

If yes, please indicate **who**, and the areas of disability, impairment or long-term condition

- Acquired brain injury
 Hearing/deaf
 Learning
 Medical condition
 Intellectual
 Physical
 Other Disability

Anaphylaxis: Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (e.g. EpiPen) Yes No

Other: Does your child have any other medical conditions? (e.g. asthma, diabetes etc)

Is there anything that may prevent you from successfully completing the course?

Yes (please submit details below) No

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How did you hear about the course? (Please circle)

- Word of Mouth
 Friend
 Brochure in letterbox
 Website
 Facebook
 Ad in local paper
 Existing or past participant
 Job Network
 Other

