

Everyone Active & Mavericks Netball Camp Registration Form

Child Details			
Name		Activity Camp	Feb <input type="checkbox"/> Easter <input type="checkbox"/> May <input type="checkbox"/> Summer <input type="checkbox"/> Oct <input type="checkbox"/> Xmas <input type="checkbox"/>
Date of Birth		Age Group	7-9yrs (3-4 school year) <input type="checkbox"/> 10-13yrs (5-8school year) <input type="checkbox"/>
MRM ID		Attended Camp Before	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Conditions		Allergies & Medication	
Disabilities		T-Shirt Size	3-4yrs <input type="checkbox"/> 5-6yrs <input type="checkbox"/> 7-8yrs <input type="checkbox"/> 9-11yrs <input type="checkbox"/> 12-13yrs <input type="checkbox"/> 14-15yrs <input type="checkbox"/>

Parent / Guardian Details			
Name			
Address			
Email Address			
Mobile Number			
Emergency Contact 1 –			
Name / Relationship		Contact Number	
Emergency Contact 2 –			
Name / Relationship		Contact Number	

SLM will communicate reminders, news and offers. Please tick here if you do not wish to receive this communication

Parent/Guardian Authorisation – I/We have read and received the Parent Information Handout		
Name (print)	Signature	Date

For Office Use Only			
Action		Colleague Sign	Date
Child Linked to Parent / Guardian (MRM)	<input type="checkbox"/>		
Booking Addend to MRM	<input type="checkbox"/>		
Receipt Attached to Registration Form	<input type="checkbox"/>		