

# HOLIDAY CAMP REGISTRATION FORM

**Monday 24<sup>th</sup> and Tuesday 25<sup>th</sup> SEPTEMBER 2018**

## CHILD DETAILS

Please fill out separate sheets for each child attending

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

DAYS ATTENDING    MONDAY             TUESDAY

MEDICAL DETAILS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT DETAILS

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I hereby agree that the above listed child will be attending the JCU Townsville Fire Holiday clinic from 9am until 1pm on the 24<sup>th</sup> and 25<sup>th</sup> September 2018. I acknowledge the clinic concludes on both days at 1pm and after this time I absolve the club of responsibility of my child.

PATRNT/GUARDIAN SIGNATURE: \_\_\_\_\_