



2024 STUDENT

ENROLMENT REGISTRATION FORM

This form is for Public Liability Insurance and legal purposes and MUST be completed each year

Surname:..... Given Name(s).....

Address:.....

Home Phone:..... Mobile:.....

Email:..... Year joined Contact:.....

NAME OF CLASS(ES) YOU ARE ENROLLED IN. PLEASE INCLUDE ALL SESSIONS

Tuesday AM:..... Tuesday PM:.....

Wednesday AM:..... Wednesday PM:.....

Thursday AM:..... *Please update this information as necessary*

EMERGENCY CONTACT DETAILS

Contact Person 1:..... Home Number:.....

Mobile Number:..... Relationship to Member:.....

Contact Person 2:..... Home Number:.....

Mobile Number:..... Relationship to Member:.....

Doctor's Name:..... Contact Number:.....

Have you been diagnosed with any condition that Contact should be aware of? (PLEASE TICK)

Asthma Diabetes Epilepsy Anaphylactic Other illness

please specify 'Other Illness'

ALL Classes are subject to change as directed by public health regulations.

Please turn over.....

IMPORTANT Please read carefully before signing.

Contact respects all the personal and confidential information provided and will do everything possible to protect this information from unauthorised access, loss, or misuse. Information collected from you is required for the delivery of services in accordance with Contact’s operation, for public liability and legal purposes. It may also be used by Contact to conduct research and surveys, to better understand community needs and improve services. Contact undertakes to gain permission from you, the member, before any personal mention is made, or particulars are featured in the newsletter or any other advertising material.

In signing below, I hereby give Contact Bundoora Community Centre Committee the authority to seek whatever medical attention I require in case of an emergency. I also agree to pay all costs incurred.

I, understand that the information I have provided will be used only in accordance with the relevant legislation and I hereby declare that the information presented is correct, at the date shown below.

Signed:.....Dated:.....

*Should you need to change or access your personal details,
please speak to a committee member or call Contact on 9467 6305*

Photography Release Form

Please complete if you consent to your photo being taken. If you do not wish to be photographed, please indicate below, and notify the volunteer when approached. Where possible you will be notified prior to any publication of the photograph.

Name:

I hereby agree that Contact Bundoora Community Centre has permission to photograph me and use my image for publicity purposes, this may include brochures, newsletters, social media, and on Contacts website.

Contact may use and publish my name in relation to these images as required.

Yes No Dated:

Signed by