

Three Chillies BMX Registration Form - July 2021

Family Details	Suburb		Email:	
-----------------------	--------	--	--------	--

Confirmation for attendance will be sent to nominated email. Email registration form to cdo2@chittering.wa.gov.au

Child 1 Name:		Age:	
----------------------	--	------	--

Child 2 Name:		Age:	
----------------------	--	------	--

Child 3 Name:		Age:	
----------------------	--	------	--

Child 4 Name:		Age:	
----------------------	--	------	--

WHO TO CALL IN AN EMERGENCY	
Name:	
Relationship to participant:	
Phone:	
Known medical conditions: (eg. Asthma, epilepsy)	Child 1 Child 2 Child 3 Child 4
<i>If medication is required for this condition, please ensure that your child has their appropriate medication with them for the duration of the activity. If your child cannot self-administer, then parents must remain with child for the duration of the activity.</i>	

Authorised Persons & Medical Assistance	
Will you be staying with your child?	Yes <input type="checkbox"/> (no further detail required) No <input type="checkbox"/>
If NO, please provide us with the name and contact details of the person authorised to pick your child up at the end of the activity.	
Name:	Phone:
In the event that your child needs medical attention, and you are not staying with your child, do you give us permission to apply basic first aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your child needs further medical attention and you are unable to get back to the facility within 10 minutes, do you give us permission to transport your child to the nearest appropriate medical facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>