

**Year 10 Maths Experience
2021 Wednesday 26th August
Registration Form**

| Section 1: Personal Details | |
|---|--|
| First Name | |
| Middle Name | |
| Last Name | |
| Preferred Name | |
| Date of Birth | |
| Address | |
| Suburb | |
| Postcode | |
| Student Mobile Phone Number | |
| Student Email Address | |
| School | |
| Section 2: Medical and Dietary Requirements | |
| Please list any medical conditions & instructions: (e.g. asthma, allergies, diabetes, etc) | |
| Please list any medication required to be self-administered: | |
| Please list any dietary requirements you may have: | |

| Section 3: Parent/Guardian Emergency Contact Details | |
|--|--|
| Name: | |
| Relationship to student: | |
| Mobile Number: | |
| Email: | |
| Section 5: Declaration | |
| Declaration by student | |
| I accept the invitation to the Year 10 Maths Experience 2021 program and understand that I will be required to follow the instructions of UniSA staff during the program. | |
| Student Signature: | |
| Declaration by Parent/Guardian | |
| I accept the conditions for my child to attend the Year 10 Maths Experience 2021 program. In the case of a medical emergency, I consent to my child receiving medical treatment and I accept liability to meet the cost of this treatment. | |
| Parent/Guardian Signature: | |