

Year 11 Maths Experience 2021
Thursday 27th May
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 11 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 11 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:	