



## AFL Afterschool Footy 4 Fun – Endeavour Hills Specialist School

Student Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year Level: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is the participant of Aboriginal and/or Torres Strait Islander origin?

\_\_\_\_\_

Were any of the participant's parents/guardians born overseas? If yes, where?

\_\_\_\_\_

Does your child identify as living with a disability/disabilities? If yes, please outline the disability and how we can we help with the disability/disabilities the participant identifies living with?

\_\_\_\_\_

Does your child have any known allergies?

\_\_\_\_\_

### Emergency Contact Details

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_