	Gen G on the Go Prog	gram – 2023 East Gippsland Registration	n Form
CHILD'S/PARTICIPANT	S DETAILS		
First name:		Last name:	
Preferred name:		Gender (optional)	M / F / Other
Address:			
DOB:		Year level:	
School attending:		I	
Does your child have any o	allergies, including fo	od allergies? Please list them.	
Does your child have any o	other health, injuries,	or disabilities we need to be aware of?	
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Does your child carry any i	medication we need	to be aware of?	
Does your child have any	dietary requirements	, cultural considerations, faith requireme	ents we need to be aware of?
Does your child have any t	aletary requirements,	, culturul considerations, juliin reguireme	nts we need to be dware of:
PARENT/CARERS DETA	ILS:		
Title: Mr / Mrs/ Ms/	Other:	Preferred name:	
Legal first name:		Legal last name:	
Mobile phone:		Home phone:	
Email:			
SECONDARY CONTACT Full Name:	- IF THERE IS AN	EMERGENCY AND YOU ARE UNCO	ONTACTABLE:
		Relationship to child:	
Mobile phone:		Relationship to child:	
Please read and acknowled	ge the terms and cor	nditions by ticking and signing here:	
☐ Code of conduct			
Photo and video co	nsent		
Evaluation			
Excursions			
Accidents, injuries	and first aid		
☐ Privacy statement			
,	lincort name) a	ive concept for my child to participate in	Ginnsnort's Gon C on the Co
ι program and agree to the t		ive consent for my child to participate in (as ticked above).	aihhahair 2 agu a au tug ao

Signature: \_\_\_\_\_ Date: \_\_\_\_\_