



# A-Maze Maths

Date: DD/MM/YYYY \_\_\_\_\_

## Registration Form

### Section 1: Personal Details

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_

Do you identify as: (please tick if applicable)  Aboriginal  Both Aboriginal and Torres Strait Islander  Torres Strait Islander

### Section 2: Medical and Dietary Requirements

Please list any medical conditions: (e asthma, allergies, diabetes, etc) \_\_\_\_\_

Please list any medication required to be self-administered: \_\_\_\_\_

Please list any dietary requirements you may have: \_\_\_\_\_

### Section 3: Emergency Contact Details

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

Relationship to student: \_\_\_\_\_

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

### Section 5: Declaration

#### Declaration by student

I accept the conditions of my registration 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 of registration for my daughter/son to attend the STEM Day Out. In the case of a medical emergency, I consent to my daughter receiving medical treatment and I accept liability to meet the cost of this treatment.

**Parent/Guardian Signature:**