



STEM Day Out

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: