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AusTouch Participant:

First Name**Surname****Gender (F/M)****D.O.B****School****Year****Postal Address****Town/Suburb****State****P/C****Home phone****Email****Have you played Touch before? Y/N****Medical Conditions****Disabilities****Aboriginal/Torres Straight Islander (ATSI) Y/N****Medicare No.**

Guardian Details:

Name & relationship to child**Phone****Email****Occupation****Name & relationship to child****Phone****Email****Occupation**

Person authorised apart from above, that the centre can release completion of session/s:

Name**Mobile**

I understand that my child will be required to behave in a suitable manner with the AusTouch Code of Conduct. I authorise the ATA to use my personal contact with me and my child after completing the AusTouch Program.

Name**Signature**