

# Registration Form



## TREE FROGS (8 - 10 years)

### APPLICANTS INFORMATION

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: F / M

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Other

What animals, if any, do you have as pets? \_\_\_\_\_

### MEDICAL INFORMATION

Does the applicant suffer from any allergies, medical conditions, disabilities or impairments? YES / NO

If Yes, please provide details: \_\_\_\_\_

Will the applicant be carrying medication of any sort or for any condition? YES / NO

If Yes, please provide details: \_\_\_\_\_

Does the applicant have any specific dietary requirements? Please provide details: \_\_\_\_\_

Medicare No. \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### MEDICAL TREATMENT AUTHORISATION

I understand that I will be notified in the case of a medical emergency involving my child and accept that if first aid and/or emergency medical services are required, that Boongarry Veterinary Surgery staff and/or program coordinators will ensure necessary arrangements are made. I understand, as my child's parent/guardian, to accept full responsibility for any medical expenses that may be incurred. I also agree to notify Boongarry Veterinary Surgery staff/program coordinators if my child suffers any injury or illness prior to the commencement of the *Vets In Progress* program, that may impact my child's ability to participate in the program or activities.

## PERMISSION & RELEASE



I hereby consent for my child \_\_\_\_\_ to participate in any activities associated with Boongarry Veterinary Surgery's *Vets In Progress* program, including handling of animals and biological substances. I accept that my child will be provided with appropriate personal protective equipment where required. I further give permission for my child to travel with a certified driver or licenced program coordinator, whilst participating in offsite VIP program activities, including to the vet clinic. I understand that with any activity, including transportation, there is a risk of injury to person or damage to property. Notwithstanding that risk, I release, relieve and hold harmless Boongarry Veterinary Surgery, its employees, volunteers and program partners from all liabilities, including liability to injury to persons or damage to property arising from my child's participation in the *Vet's in Progress* program, including transportation provided by a certified driver or licenced program coordinator.

I understand that my child may be photographed while participating in Boongarry Veterinary Surgery's *Vets in Progress* program, and that these photographs or any video footage may be included in publications and websites of Boongarry Veterinary Surgery, including social media.

## PARENT/GUARDIAN CONSENT

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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## PAYMENT INFORMATION

**Boongarry's Vets In Progress \$110.00 (per participant)**

T-shirt size: Mens \_\_\_\_\_ Ladies \_\_\_\_\_ Kids \_\_\_\_\_ (standard Mens, Ladies and Kids t-shirt sizes available)

Quantity (if more than 1): \_\_\_\_\_

*Note: One polo shirt per participant is included in your registration. Should you wish to order additional t-shirts, please identify size/s and quantities here: (additional shirts are \$35 each):* \_\_\_\_\_

### Direct Debit

\*Please use **VIP (Surname)** as payment reference

Boongarry Veterinary Surgery

BSB: 014-538

ACC: 38-864-0046

Date of payment: \_\_\_\_\_

### Credit Card

\*\* Your card will be charged upon receiving this form for the amount specified below.

Card Type:  Visa  Mastercard

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Cost: \$110.00 (plus additional t-shirts \_\_\_\_ x \$35.00 = \$\_\_\_\_) **TOTAL COST: \$\_\_\_\_\_**

(A payment receipt will be emailed to your email address provided once payment has been received and approved in full)

**Please return form and payment details by Monday 24th June, 2019 to**

**training@boongarryvet.com.au or Fax (07) 4032 2255**