



FLL Registration Form 2011

Child's name: _____

Age: _____ DOB: _____

Current School Year: _____ Registered Friends: _____

Address: _____

Parent/ Guardian Names: _____

Phone: _____ Mob: _____

Email Address: _____

Emergency contact, if parent or guardian cannot be reached:

Name: _____ Phone: _____

Do you require us to administer any medication to your child during Lego League Meetings?
(if so, please outline details below, or use overleaf if necessary) Yes / No

Are there any other details that you think we should know to ensure your child is happy and safe attending Lego League regularly? (eg. allergies, restricted activities, phobias, etc?)

Please read the following, and sign:

My signature below indicates my willingness to permit my child to participate fully in activities associated with the Lego League from the 7th September till the 5th November 2011 at Macquarie Anglican.

In the case of a medical emergency, I give my permission for a doctor chosen by a Lego League leader or other person supervising the programme to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

I agree that the information included on this form can be used by leaders of the Lego League or any other authorised person supervising the Lego League for the purposes of the Lego League. I also acknowledge and agree that any photographs or video of my child taken while participating in Lego League may be used by the church to promote further children's activities (for example, at church services, on church premises).

I understand that children attending Lego League must be signed in and out weekly by an authorised adult. I agree to notify the leaders at Lego League at Macquarie Anglican of the names of any other authorised adults who can pick up my child. I understand that Lego League is for children aged 9-16, and that children outside this age bracket cannot be registered.

PARENT'S OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS

Sign _____ Date / /