



## Level Up- ENROLMENT FORM

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

I authorise my child/(ren) to independently travel to Level up? Yes/No

If yes method \_\_\_\_\_ ETA \_\_\_\_\_

I authorise my child/(ren) to independently travel home from Level up? Yes/No

If yes, please confirm method and address \_\_\_\_\_

I give permission for my child/(ren) photo to be used in Cire's marketing material? Yes/No

Does your child suffer any allergies? Yes/No

If yes, please list \_\_\_\_\_

Does your child have any dietary requirements? Yes/No

If yes, please list \_\_\_\_\_

In case of an emergency, Cire Services has my consent to authorise medical care for my child(ren) listed above:

Our Family Doctor/medical clinic is \_\_\_\_\_

Medical practice address is \_\_\_\_\_

Medical practice phone Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Cover No: Yes/No

Other information: \_\_\_\_\_

Emergency Contact:

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

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

Email : \_\_\_\_\_

Relationship to child \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_