Registration Form - The Gar	
Referred by	Organisation
	is form is for the use of the Game Change Project and is
	or groups. This means that we will not disclose your e-
•	ther details to another individual without your
permission.  Details of Young Person	
	Date of Rirth / /
Address	Date of Birth/
Code	108t
Code Sex: Male / Female (Circle Appropria	te)
Mobile phone number	
Emergency/ Parental Contac	
<u> </u>	to the participant please provide information below
which we can use to contact you.	to the participant prease provide information ociow
	Relationship
Contact Telephone Number/s	
Email Address	
Medical Information	
	allergies, epilepsy, asthma, diabetes, travel sickness
etc.) which we should be aware of?	anergies, epitepsy, astimia, alabetes, traver siemiess
cte.) which we should be aware or.	
Please give details of any behavioural.	
of	
Please circle which module is of interest	est and indicate level of experience (if any):
Machine operating/basic mechanics:	
Equine handling: None Limited	
Rural skills: None Limited	
	of activities. These images may be used for wish for your son/daughter to be photographed please
HER HIIS DUA	
by the team. I understand that every coof my child. I accept and support the coin the event of my child's behaviour a organisers reserve the right to return n	~:
Parent/Guardian name	
Participant (if over 18)	Signature Date/_/