



REGISTRATION FORM

Lake Jindabyne Yabbies Season 2019/20

FAMILY DETAILS:

Parent(s) name:	
Contact Number:	Email:
Medicare Number:	Doctor

CHILD 1:

Name:	
Date of Birth:	Age:
Please advise if your child suffers from any of the following and provide details: Example: Allergies, Disability, Asthma, Dizziness, Diet Restrictions, Other.	

CHILD 2:

Name:	
Date of Birth:	Age:
Please advise if your child suffers from any of the following and provide details: Example: Allergies, Disability, Asthma, Dizziness, Diet Restrictions, Other.	

CHILD 3:

Name:	
Date of Birth:	Age:

Please advise if your child suffers from any of the following and provide details: Example: Allergies, Disability, Asthma, Dizziness, Diet Restrictions, Other.