



PROGRAM ENROLMENT

Program: _____

Term / Year: _____

Participant

Student one

Family Name: _____ Given Names: _____

Date of Birth ____/____/____ Sex M F

Student two

Family Name: _____ Given Names: _____

Date of Birth ____/____/____ Sex M F

Email: _____ mobile: _____

Address: _____

Responsible Persons

Person 1

Family Name: _____ First Name: : _____

Email: _____ (Mobile) _____

Person 2

Family Name: _____ First Name: : _____

Email: _____ (Mobile) _____

Address(if different to child) : _____

Does the Participant have any medical condition/additional needs? Yes No
if yes you must provide us their ASICA form and any other information via email to
enquiries@brightonrec.com.au

I accept the terms and conditions of Brighton Recreational Centre.

Sign: _____ date: _____