



## Personal Detail Form

Program: \_\_\_\_\_

Term / Year: \_\_\_\_\_

### Participant

#### Student one

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M  F

Email: \_\_\_\_\_ (Mobile) \_\_\_\_\_

Address : \_\_\_\_\_

#### Student two

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M  F

### Responsible Persons / Emergency Contact

#### Person 1

Family Name: \_\_\_\_\_ First Name: : \_\_\_\_\_

Email: \_\_\_\_\_ (Mobile) \_\_\_\_\_

Address : \_\_\_\_\_

#### Person 2

Family Name: \_\_\_\_\_ First Name: : \_\_\_\_\_

Email: \_\_\_\_\_ (Mobile) \_\_\_\_\_

Address : \_\_\_\_\_

Does the Participant have any medical condition/additional needs or injuries? Yes

If yes you must provide this information and via email to [enquiries@brightonrec.com.au](mailto:enquiries@brightonrec.com.au)

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**I accept the terms and conditions of the Brighton Recreational Centre**

Sign: \_\_\_\_\_ date: \_\_\_\_\_

To view the T&Cs visit [www.brightonrec.com.au](http://www.brightonrec.com.au) or in person at the BRC.