

National Variety Adventure Camp Goanna Park

Carers Registration Form – Confidential



Personal

Name:

Address:

State: Phone home: mobile:

Email:

Emergency contact name:

Phone: mobile:

Relationship:

Clearance

Do you have a current Police Check / clearance? Yes No

If **no** - you may be required to obtain one.

Health

Medical details we need to be aware of (as we are 80 kms from Darwin):

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Special medication:

Allergies:

Food

Any special dietary requirements:

Other

Any other relevant information:

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