

[Organisation name] – Registration form

Event / class

Date(s)

Participant

First name

Last name

Date of birth

Email

Phone

Address

Emergency contact

Name

Relationship

Phone

Alternate phone

Needs and preferences

Dietary requirements

Access or mobility needs

Medical information we should know

☐ I agree to the event terms

☐ I consent to photos being taken for our newsletter and website

Signature

Date

Privacy: we use this information only to run the event and contact you about it. [Edit retention period and contact details.]

Notes