

[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.]