

Explorers' Club

REGISTRATION FORM

Date: _____

Name: _____

Address: _____

_____ Postcode _____

Parent's phone: _____

Email address: _____

Would you like to receive emails about other children's events? YES NO

Date of birth: _____ Age: _____

School: _____

Grade: _____

Parent signature: _____

Explorer's signature: _____

Library Card Number: A _____



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Occasionally we have food in our sessions, either eating it or using food as part of an activity. Please let us know if your child has any food allergies or dietary requirements we need to be aware of.

PHOTO CONSENT:

I give permission to allow photographs of my child to be taken and I give my full consent to use, display, or reproduce the image in any printed, electronic or social media format to promote Casey Cardinia Libraries. I also understand that no payment is offered, or expected.

I acknowledge that no other claim of any nature will be made by, or on behalf of, the undersigned.

I, (print name) _____ parent/guardian

give permission for (child's name) _____

(child's date of birth) _____ to be photographed.

Signature: _____

date: _____

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