**Shuttle Smash Program Registration Form**

|  |  |
| --- | --- |
| **Program Dates** | *Enter the dates of your program here* |
| **Session Times** | *Enter session times here* |
| **What to bring** | Wear comfortable clothing and bring a water bottle |
| **Child’s Details** | |
| **Full Name** |  |
| **Preferred Name** |  |
| **Child’s Age** |  |
| **Gender *(please circle)*** | ***Male Female Other Prefer not to say*** |
| **Please list any medical or health information that is important for your Shuttle Smash Leader to be aware of?** |  |
| **Does your child have any special needs that the leader needs to be aware of to ensure a fun and safe session for your child?** |  |
| **Does your child identify with any of the following?  *(please circle)*** | *First Nations LGBTI Disability Women and Girls*  *Culturally and Linguistically Diverse (CALD)*  *Deaf or Hard of Hearing* |
|  |  |
| **Parent/Guardian Details** | |
| **Full Name** |  |
| **Email** |  |
| **Phone Number** |  |
| **Are you interested in volunteering as part of your child’s Shuttle Smash program?** | **YES MAYBE NO** *(need more information)* |
| **Other Information** | |
| **How did you hear about this program?** |  |
| **Do you consent to photos/video content of your child being shared on any platform? (please circle)** | **YES NO** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PARENT NAME PARENT SIGNATURE DATE**