|  |  |  |  |
| --- | --- | --- | --- |
| **Name of participant** |  | **Date of Birth** |  |
| **School** |  |

# **Participant Details**

Please complete the form below with details of the participant and the sessions requested. Please return the completed form to Marty at info@learnitcomputeit.com

|  |  |  |
| --- | --- | --- |
| **Emergency contact during the event:** | **Name:** |  |
| **Telephone:** |  |
| **Details of any disabilities, conditions, allergies that we need to be aware of for these activities that are relevant to accessing our events** |  |
| **Details of any medications currently being taken:** |  |
| **Any other information that I need to be aware of.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |
| **Print Name:** |  | **Email for further information:** |  |
| **Relationship to the participant:** |  |