



Junior Deaf Sports Day Clinic

REGISTRATION FORM

Name:

Address:

..... Postcode:

D.O.B.: School:.....

Parent/Guardian Permission: Yes/No (please circle)

Parent/Guardian Name:

Parent/Guardian Signature:

Email:

**Please post completed forms to: Deaf Sports Australia ACT Clinic,
Level 3, 340 Albert Street, East Melbourne VIC 3002 by 16th August 2011.**

As part of registering, all details will be stored confidentially on Deaf Sports Australia's and DeafACT's databases. By completing this form along with Parent/Guardian permission approval, this means you accept these conditions.

Should you have any questions or require further information please email Irena Farinacci, Education & Events Coordinator at Deaf Sports Australia: irena.farinacci@deafsports.org.au

Deaf Sports Australia is funded by the Australian Government and provides sporting opportunities for all Deaf and Hard of Hearing participants.



Australian Government
Australian Sports Commission