



**MI Care**  
Magnetic Island Community Care

## ACTIVITY / PROGRAM REGISTRATION FORM

### Participant Details

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

### Activity/Program (tick one or more):

- Social Club
- Story Telling
- Chair Strength & Stretch
- Deb's Boot Camp
- Zumba Class
- Wash & Blow-Dry Fundraiser
- Other: \_\_\_\_\_

### Participation Type (tick one):

- Member
- Non-Member
- Volunteer Helper

### Health & Safety Information

- I have no medical conditions affecting participation

I have the following conditions MI Care should be aware of:

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### **Consent & Acknowledgement**

I agree to participate in the above activity/program organised by Magnetic Island Community Care Association Inc. I acknowledge that MI Care will take all reasonable steps to ensure safety, but participation is at my own risk.

**Signed by Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Office Use Only

• Fee Paid: \$ \_\_\_\_\_

• Receipt Number: \_\_\_\_\_

• Registered by: \_\_\_\_\_