**DATE OF EVENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **

**LOCATION OF EVENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIELD TRIP REGISTRATION SHEET**

By signing this registration sheet you confirm you have read and understood the **BSO Field Trip Guidelines**, heard or read the Health and Safety briefing, you are aware of the potential site hazards, and you agree to comply with the actions to ensure your safety. Children aged 14 and under must be supervised by an adult (18yrs or older) who has signed this register.

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| --- | --- | --- | --- | --- | --- |
| **NAME (please print name, not sign)** | **ADDRESS** | **YOUR PHONE NUMBER** | **EMERGENCY CONTACT** **Name &****Phone Number** | **MEDICAL DECLARATION** | **SIGNATURE** |
| Do you have a medical issue we need to be aware of? | Medical Form completedY / N |
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