



WWW.ROCKYINSTINCTS.COM.AU

0407 792 492 | 0447 919 056

[jessie@rockyinstincts.com.au](mailto:jessie@rockyinstincts.com.au)

## Student Enrolment Form

This form is to be completed when students are attending the Rocky Instincts property for a workshop at 345 Archer Road Struck Oil, or other off-school location that is a public place.

Date of workshop	
Location	
<b>Student Details</b>	
Name	
Date of Birth	
School	
Phone number	
Email	
<b>Emergency contact</b>	
Name	
Mobile	
Work phone	
<b>Medical details</b>	
Allergies	
Medication	
Any medical conditions we need to be aware of?	
Current injuries	
Special needs	

I, \_\_\_\_\_ the parent/guardian/carer of \_\_\_\_\_,  
provide permission for my child to attend the Rocky Instincts workshop as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_