

REGISTRATION FORM

Please complete a separate form for each participant

All participants of Charleston Challenge Downunder should be able to enjoy an event free from drugs, violence, bullying, harassment and discrimination. Our event, the organisation and organisers have zero tolerance toward any such conduct.



First Name:		_ Surname:			_
Street Address:				· · · · · · · · · · · · · · · · · · ·	
Suburb:		State:	Postcode:		_
Date of Birth*:/ * If you are under 18 a parent/g	/ day/mo luardian must consent to your par	nth/year) ticipation and regi	stration and be present with	you at the event.	
Email Address:					_
CONTACT PHONE NUM	IBERS:				
Home:	Wo	ork:		-	_
Mobile:	Oti	her:			_
EMERGENCY CONTAC	<u>T:</u>				
Name:		Phone:			_
Relationship to participan	nt				
Attendance and Accom Please tick the applicable	modation: e box to indicate the length	of your stay:			
The Day/Event Only	1 night		2 nights		
If other, please specify					_
Terms and Conditions: By signing this form and participe of the Roaring 20s And all that					2 as a part
The Charleston Challenge Down formed for the purpose of fun, to may affect your well-being as a before you register. Whilst stric warm down pre and post training acknowledges if they undertake	encourage and promote the la a result of participating in the ct safety is assured at all times g sessions and the actual cha	local community Charleston Community Charleston Community Charleston Community Charleston Charleston Charlest	r. Should you have any ir hallenge, please seek a e all participants and stuc king place on the 4 th Feb	njuries or any probl ndvice and/or medi dents to stretch, wa	lems which ical advice arm up and
As part of the rules from Guinne and to form part of the evidence may be utilised for the purpose of	e that will be submitted. Every	participant ma	y be subject to additiona		
Your privacy is important to us a the knowledge or consent of the updates or alerts via SMS, news that Jazz! Festival, Blue Mountai and local events.	e individual. Your information sletters to promote and comm	will be kept se unicate any det	ecure and the use of info ails or changes relating	ormation will include to the Roaring 20s	de sending : And all
Upon signing of the registration and fellow participants will not be during or after any training session	e held liable or responsible for	r any injury, dan	nage or loss to your pers		
**SIGNATURE:			DATE:		

Blue Mountains Tourism Limited trading as Blue Mountains Lithgow and Oberon Tourism ABN 14 084 310 298 Locked Bag 1011 Katoomba NSW 2780

** Your signature is required to complete the registration process and demonstrates your understanding of the Terms and Conditions.



