

**Healthcare in the Future: A Secondary School Challenge**

**Registration Form:** This form is due by 28 June 2019 at: challenge@accesshc.org.au

|  |  |
| --- | --- |
| Team name-if applicable |  |
| Student 1 (Main Contact) |  |
| Name |  |
| Signature  |  |
| School |  |
| School year |  |
| Email or SMS contact |  |
| Parent or Guardian Name |  |
| Parent or Guardian Signature indicating approval to participate |  |
| Student 2 (if applicable) |  |
| Name |  |
| School |  |
| School grade |  |
| Email or SMS contact |  |
| Parent or Guardian Name |  |
| Parent or Guardian Signature indicating approval to participate |  |
| Student 3 (If applicable) |  |
| Name |  |
| School |  |
| School year |  |
| Email or SMS contact |  |
| Parent or Guardian Name |  |
| Parent or Guardian Signature indicating approval to participate |  |
| Student 4 (If applicable) |  |
| Name |  |
| School |  |
| School year |  |
| Email or sms contact |  |
| Parent or Guardian Name |  |
| Parent or Guardian Signature indicating approval to participate |  |

Signing the above form indicates an agreement to follow the rules of the Challenge which can be found at: [www.accesshc.org.au/schoolschallenge](http://www.accesshc.org.au/schoolschallenge) There is no obligation to submit a final entry. The form should be returned to challenge@accesshc.org.au