# Registration Form

**Healthcare in the future: a secondary school challenge**

Email the completed form to [challenge@accesshc.org.au](mailto:challenge@accesshc.org.au) by 5 pm on Friday 26 April 2019

|  |  |
| --- | --- |
| **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) Registration does not represent an obligation to submit a final entry. **Email the completed form to** [**challenge@accesshc.org.au**](mailto:challenge@accesshc.org.au)