Registration Form





Activity details

Activity:						_	
Location of activity:				Date:	Time:	_	
Participant information 1. Full name:					Age:		
Gender: Male	Female	Non-binary		Prefer not to say	Age.	_	
Are you of Aboriginal o		,	Yes	No			
Country of birth:						_	
Suburb:				Postcode:		_	
Phone:				Email:		_	
2. Full name:					Age:	_	
Gender: Male	Female	Non-binary		Prefer not to say			
Are you of Aboriginal o	r Torres Strait Islander	origin?	Yes	No			
Country of birth:						_	
3. Full name:					Age:	_	
Gender: Male	Female	Non-binary		Prefer not to say			
Are you of Aboriginal o	r Torres Strait Islander	origin?	Yes	No			
Country of birth:						_	
Emergency contact infor	mation			Dolotionobio			
Contact name: Phone:				Relationship: Email:		_	
		- 111			or Anti-re C. Handalar Dunanana	_	
		alling list to red	ceive int	ormation on the upcomin	g Active & Healthy Program		
How did you hear about Active & Healthy?				de.	Logan Hos	Logan Hospital	
Council's website Printed Active & Healthy booklet		,	Family/Friends Online Active & Healthy activity listings			OurLogan Magazine	
I IIIILEU ACLIVE & LIEC	illiy bookiet	OHIIII					
	•			a reality delivity hen	3	viagazirie	
Other:							
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and/or for the purpose of processing registration and declaring fitness for participation in programs delivered by contractors. If we do not collect this information you may not be able to participate. For more information about privacy please visit Councils website: www.logan.qld.gov.au/privacy The information may be accessed by and/or transferred to business partners, contractors, employees and/or Councillors of Logan City Council and other government agencies for Council business related activities. Your information will be handled in accordance with the Information Privacy Act 2009 (Gld) and may be released to other parties where we are required or authorised by law to do so.