**PARTICIPANT REGISTRATION FORM**

All volunteers participating at this site must be registered. Please fill in your details below.

Children under the age of 18 must have a parent/guardian sign on their behalf.

In the interests of COVID safety, please tick to confirm you are not currently experiencing COVID symptoms and that you are up-to-date with the current COVID-19 vaccination schedule as defined by ATAGI, orhave shown a valid medical exemption to the listed COVID Marshall.

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| **LANDCARE VICTORIA INC. MEMBER GROUP NAME:** | **DATE:** | **SITE:** | **ACTIVITY/EVENT:** |
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| **SITE COORDINATOR’S NAME:** |  | **CONTACT NUMBER:** | **CONTACT EMAIL:** |
|  |  |  |  |
| **COVID MARSHALL’S NAME:** |  | **CONTACT NUMBER:** | **CONTACT EMAIL:** |
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| **FIRST** **NAME** | **LAST** **NAME** | **PHONE****NUMBER** | **Checkbox Checked with solid fillUNDER18?**  | **Checkbox Checked with solid fillFREE OF COVID SYMPTOMS?** | **Checkbox Checked with solid fillUP-TO-DATE WITH COVID VACCINATIONS?** | **TIME****ARRIVED** | **TIME****DEPARTED** | **SIGNATURE**(INCLUDE FULL NAME IF PARENT OR GUARDIAN) |
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| **FIRST** **NAME** | **LAST** **NAME** | **PHONE****NUMBER** | **Checkbox Checked with solid fillUNDER18?**  | **Checkbox Checked with solid fillFREE OF COVID SYMPTOMS?** | **Checkbox Checked with solid fillUP-TO-DATE WITH COVID VACCINATIONS?** | **TIME****ARRIVED** | **TIME****DEPARTED** | **SIGNATURE**(INCLUDE FULL NAME IF PARENT OR GUARDIAN) |
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