

PARENTAL CONSENT FORM

The Spectrum Of Magic

27-30/05/2011



TO BE COMPLETED IN BLOCK CAPITALS

Personal Details (Child)

Surname :

Forename :

Family Doctor

Doctor's Tel No

Personal Details (Parent/Guardian)

Surname :

Forename :

Address :

Postcode :

Telephone :

Mobile :

E-Mail :

Consent (Please Read Carefully)

- a) I agree to my son/daughter/ward taking part in the activities of the club.
- b) I confirm to the best of my knowledge that my son/daughter/ward does not suffer from any medical condition other than those listed on the attached booking form.
- c) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities.

Signed (Parent/ Guardian) Date:

Naming The Responsible Adult

I name responsible for my son/daughter/ward for the period of Mayfest 2011 including the travel to and from the event.

Signed (Parent/ Guardian) Date:

Personal Details (Responsible Adult)

Surname :

Forename :

I have agreed to accept the obligation of Responsible adult for the child named above.

Signed (Responsible Adult) Date: