



# Youth Activity Permission And Information Form

## Personal

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Sex: Male / Female (Circle Appropriate)

Email Address \_\_\_\_\_

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Adult Emergency Contact Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

## Medical

Are there any medical conditions of which we should be aware?

\_\_\_\_\_  
\_\_\_\_\_

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

\_\_\_\_\_  
\_\_\_\_\_

I agree to my son/daughter participating in this youth activity. I understand that every care will be taken to ensure the health, safety and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety and conduct of the activity, the organizers reserve the right to return my child home at my expense and effort.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_