

Archdiocese of Dublin

Parental Consent Form for Faith Fest – (Activity permission form for persons under 18 years)

FAITHFEST 2

Section A – The Organisation

Name of Church organisation: Dublin Diocese
Event: Faith Fest 2
Venue: Holy Cross Diocesan Centre, Clonliffe Rd. D3.
Group: Youth [Teens]
Date: Friday 17th May 2013
Time: 5-9pm

Section B – Your Local Parish

Name of Parish: _____
Name of Group Leader: _____
Contact Number: _____
Email: _____

Section C – The Young Person

Name of Young Person: _____

Address: _____

Telephone No: _____
Date of Birth: _____

Give details of **any** medical condition of which The Organisers ought to be aware, please include details of any medication which has to be taken or any dietary requirements. (This information will be treated with confidence)

Section D – Consent to Participate

I have read all the information provided concerning the programme of the above activity.

I hereby give permission for my son/daughter/ward to participate in the above activity.

The Archdiocese of Dublin only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the organisation its servants or agents.

Signed: (Parent/Guardian):

Date:

Address: (if different)

Contact telephone Number: (if different from above)

Please state the name and telephone numbers of available persons, during the period of the activity, in the event of non - availability of parent/guardian, in the contact and telephone and address above.

Name	Tel.	Mobile

Section E – Photo Release Permission

During the event, general photos may be taken.

Can we have permission to use these photos?

Please Circle

YES / NO