



PARENTAL CONSENT FORM



Please provide the following details for the young person:

Name: _____

Date of birth: _____

Please provide /guardian details below:

Name: _____

Relationship: _____

Mobile: _____

Email: _____

Yes, I give permission for photographs of the participant to be used by the City of Bayswater for publicity and promotional purposes

The Parent/Guardian must sign below to provide consent to take part in this workshop/event.

Signature: _____