

SEAFORD PARISH YOUTH GROUP

PARTICIPANT AND PARENT CONSENT

Participant name: _____

(Please circle appropriate option depending on age of participant.)

I, consent to / consent to my child (if under the age of 18)

attending and participating in the Seaford Parish Youth Group, held at St Anne's School Hall, Austin Road, Seaford.

In the event that you are unable to communicate with me, or my nominated emergency contacts, I consent for me/my child to receive any such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense. I have informed you of any allergies or other medical conditions of me/my child relevant to this activity and will make any necessary medication available.

I also consent to a photograph or video image of me/my child being used without acknowledgement, remuneration or compensation, in publications (print, websites, DVDs, CDs, etc.) and/or presentations of Seaford Parish Youth Group or the Catholic Archdiocese of Melbourne.

As a youth/parent of a youth attending the Seaford Parish Youth Group, I have read, understood and support the Participant Code of Conduct.

Signature of participant OR parent/guardian (required if participant under 18 years of age)

Print name

Relationship to participant

Participant signature:

Date: _____