



YOUTH APPLICATION AND PARENTAL CONSENT FORM

Young Person's Full Name: _____

Address: _____

Date of Birth: _____ Present Age _____

School attended: _____

I wish to participate in the following Parish Organisations/Activities:

Name of Organisation/Activity: **Altar Server / Youth Group**

I and my child agree to adhere to the Parish Code of Behaviour for Children/Young People.

I and my child agree to comply with the Parish Code of Anti-Bullying Policy

Signed: _____ (child) Date: _____

Signed: _____ (parent) Date: _____

PARENTAL CONSENT FORM

I confirm that:

- (a) The above named young person is allowed to participate in Parish Activities.
- (b) In the event of an emergency, the following persons should be contacted:

First Contact: _____ Phone No. _____

Second Contact: _____ Phone No. _____

In the event of illness, having responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a person qualified in First Aid, or by suitably qualified medical practitioners.

If I cannot be contacted and my child should require emergency treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication and give permission for an ambulance to be called or other measures as deemed necessary.

Signed: _____ Date: _____

Name of Parent/Guardian: _____

Mobile Phone No.: _____

Email address: _____