ACTIVITY CONSENT FORM

This form must be completed prior to the Activity/Event

Type of Activity:					
Location of Activity:					
Date(s) of Activity:		Time(s) of Acitivty:			
Fee per Child:	$	Paid? (Please circle)	❑ Yes ❑ No	Transport supplied by: (Please tick)	❑ SDA Church ❑ Private/Other

As the parent/guardian, I give permission for the below child(ren) to participate in the above activity/event:		
Participants Full Name	*Male/Female*	*D.O.B*
1.		
2.		
3.		
4.		
5.		

Emergency Contact Details			
Name:		Number:	
Relation to Participant(s):			
Name:		Number:	
Relation to Participant(s):			

Photo Consent:
Do you consent to the appropriate use of photographs taken during the activity/event that include you/ your child(ren) for the following? *(Please tick)* ❑ Website ❑ Video/Slideshow Presentation (e.g. Summer Camp, Rally, promotions) ❑ Top News/ Record/ Newsletter ❑ Brochure/Flyer ❑ None If you do not consent to any of the above, please send the Team Leader a photo of yourself/ child(ren) for identification purposes. All photos provided will be kept strictly confidential.