Friockheim Park Community Volunteers

U16 - Youth Volunteer Permission Form

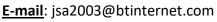


| Full Name Of Youth: | | | | | OF |
|----------------------------|---|---|---|--|----|
| Youth Date Of Birth & Age: | / | / | - | | |
| Youth Gender: | | | | | |

| Name Of Parent/Carer: | | | |
|--|------------------|----|--|
| Phone Number: | | | |
| Email Address: | | | |
| Full Postal Address | | | |
| Is the youth allowed to receive basic first aid by a qualified first aider? * First Aider May Not Be The Same Gender * | YES | NO | |
| Is the youth allowed to receive face paint? | YES | NO | |
| Is the youth allowed to receive free refreshments? | YES | NO | |
| Does the youth have any disabilities or special requirements including allergens? - Please List | | | |
| Is the youth participating in EDOFE Or Saltire Awards? Please Detail: | | | |
| I the Parent/Carer of the youth in question give permission for my youth to participate in activities with Friockheim Park Community Volunteers & have read the clean-up disclaimer: | Signed: Date: | | |

<u>Tel</u>: 07517567518

Find Us On:



Web: https://friockheimpark.weebly.com/

Working With & Alongside:







