

# Friockheim Park Community Volunteers

## U16 - Youth Volunteer Permission Form



Full Name Of Youth:	
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:

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