

Please ask your Parent(s) or Guardian(s) to fill in this form as required and sign it, then bring it with you to Playzone reception.



PLAY ZONE, Unit A4,  
Oak Park Industrial Estate,  
North Harbour Rd, PORTSMOUTH  
PO6 3TJ

Tel: 023 92 37 99 99  
www.theplayzone.co.uk

# Teen Authorisation

I/we accept full responsibility for the persons named below. I/we also accept that Playzone is not responsible or liable for them should they injure themselves.

|                             |          |  |                                  |
|-----------------------------|----------|--|----------------------------------|
| Name of Teen:               |          |  |                                  |
| Name of Teen:               |          |  |                                  |
| Name of Teen:               |          |  |                                  |
| Name of Teen:               |          |  |                                  |
| Name of Parent or Guardian: | Address: | Contact Telephone No: (in case of emergencies) | Signature of Parent or Guardian: |

|                             |          |  |                                  |
|-----------------------------|----------|--|----------------------------------|
| Name of Teen:               |          |  |                                  |
| Name of Teen:               |          |  |                                  |
| Name of Teen:               |          |  |                                  |
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|                             |          |  |                                  |
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