



Playzone
Unit A4
Oak Park Industrial Estate
Northarbour Road
PORTSMOUTH PO6 3TJ

Playzone Teen Night – Person with Parental Responsibility Consent Form

Date of Teen Night being attended

Young Person’s Details

Full Name

Address

.....

.....

Telephone E-mail Address

Date of Birth

For safety reasons, please advise us of any medical conditions, medication, disabilities, allergies or any other information that we should be aware of while the young person is with us

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Parent/Guardian Details

Full Name

Address

(If different

from above)

Telephone E-mail Address

Consent

- I give permission for the above mentioned Young Person to take part in the ‘Teen Night’ activity.
I have ensured that the young person understands acceptable standards of behavior expected of him/her and that he/she understands the need to comply with any rules and or/instructions given by any member of staff. Failure to do so may result in the young person being asked to leave the event.
In the event of an emergency, every possible effort will be made to contact you. We request that you agree to the young person receiving First Aid or medical treatment if the situation arises. If you do not give consent, the young person will not be able to attend this activity.
I agree to the young person being in photographs, videos or other media taken by any person acting on behalf of Playzone, and use of which may include display or distribution including online and social media platforms.

Full Terms and Conditions are available at the website www.theplayzone.co.uk or upon request, and entry by the young person is deemed acceptance of these by you and the young person.

The adult signing must be a person with parental responsibility for the young person.

Signature..... Date:

Parent/Guardian/Carer (Delete as appropriate) Print Name: