



Parental Consent Form



Please note that the Fit4Youth Programme takes place outside of school hours so therefore require parental consent of participants to attend. Please complete the following form and tick where appropriate

Participant Name			
School			
Parent/Guardian signature		Mobile No:	
Please print name		Date:	

Consent Form(please tick)

- | | YES | NO |
|--|--------------------------|--------------------------|
| <input type="radio"/> I am happy to give my child permission to participant in the Fit4Youth Programme | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> I understand that this is a 6 week exercise programme for approx 1 hr each week and that my child is fit to participate | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> I understand that this programme takes place outside of school hours so will ensure my child is dropped off and collected as required | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> I give permission for my child to be photographed during the programme and understand that photos are only used for programme promotion. | <input type="checkbox"/> | <input type="checkbox"/> |

Please return his form to the teacher/youth leader coordinating the programme in your school or youth project prior to commencing the programme

Programme 1: CIT Athletics Track- 6 Weeks- starting Tuesday Oct 2nd – 4.15pm – 5.15pm
 Programme 2: Mardyke Arena Track UCC- 6 Weeks- starting Monday Oct 1st- 7.00pm – 8.00pm