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EUROPEAN NETWORK OF COMMUNITIES

Y-Camp Parental Consent

1. Participant information

Participant's Full Name*

Name

Surname

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2. Allergies and medical problems

Allergies to

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Medical problems:

- Insomnia
- Headaches
- Dizziness
- Somnambulism
- Other: _____

Special diet

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Medical treatment

--

Name of the medicine

--

Dose

--

Notes

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3. Parent/Guardian information**Parent/Guardian Full Name***

Name

Surname

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ID/Passport*

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Cell Phone Number*

Area code

Phone Numer

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Another Phone Number

Area code

Phone Numer

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4. Emergency contact

If, in the event of a medical or other emergency, I am unable to be reached by telephone at my home or work telephone numbers listed below, I authorize the activity supervisor(s) to attempt to contact me through the emergency contacts listed below.

Emergency Contact*

Name

Surname

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Relationship*

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Cell Phone Number*

Area code

Phone Numer

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5. Consent

I hereby attest that I am (we are) the legal parent/guardian(s) of the above-named participant and hereby consent to his/her participation in the Y-Camp in Lodz, Poland, as well as in the activities that are going to take place in this event from the 6th of July until the 10th of July.

I also give my consent to the responsible use by the ENC (European Network of Communities) of the photographic images and videos in which the minor could appear, knowing that the only purpose of them will be evangelization and promotion of this event or similar, as well as the data that the minor has provided in the registration of the event, data that will be used to organize the event and to be able to notify him/her of future events.

Date*

Day	Month	Year

I, the parent/guardian, hereby attest that I have carefully read this Permission to Participate, understand its contents, and agree to its terms and conditions. *

I agree.

Parent/Guardian signature*

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