Fisheries Field, Salmon Weir Bridge,

Galway, Ireland

T: +353 (0)91 568 896

**PARENTAL/GUARDIAN CONSENT FORM**

Please complete this form, sign overleaf and return it to: VICTORIA MC CORMACK, Volunteer Co-Ordinator at Macnas (address above) or email it to [performers@macnas.com](mailto:performers@macnas.com). A signed consent form is a condition of participation in all our activities for those under the age of 18.

I am willing for:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE USE BLOCK CAPITALS)

To participate in rehearsals and performances on behalf of Macnas and confirm that he/she is willing to participate as fully as possible.

Furthermore (please tick the following)

I permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if necessary to travel on transport designated as official for the purpose of a Macnas performance (e.g. minibus/coach).

I permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if necessary to travel in either private vehicles or any other transport that has been designated as official for the purpose of a Macnas performance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the following medical condition/mental health/allergies and/or requires the following medication (Give details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, leaders will do everything possible to contact parents so that appropriate medical decisions for their child. Please provide your details below.

**Parent/Guardian One: Parent/Guardian Two:**

Name: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see overleaf →

As some of the events are open to the public there is likely to be some press photographers and T.V. there to record the event, should you **not** wish your child to be photographed please tick

**Terms and conditions of Membership of Macnas Young Ensemble**

If a member leaves the building without permission or does not gain entry, Macnas cannot be held responsible for the member’s safety.

Parents / guardians are reminded that members are not under the care of Macnas outside designated hours of activity.

It is the responsibility of parent / guardian to inform Macnas if there is a change in the members medical or other conditions.

For the duration of any programme/project Macnas is running, all members must adhere to the organisations Drugs and Alcohol Policy which means zero tolerance in relation to anyone using/taking drugs or alcohol. A drug is any substance, other than food, that changes the way the body thinks, acts or feels.

At all times, members must adhere to an acceptable level of behaviour during all activities.

Macnas is not responsible for members who do not shown up for designated activities and also once activity is finished it is the responsibility of parent/guardian to arrange how members get home.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Young Ensemble Member**