

Youth's name: _____

Date of birth: _____

Parent/guardian(s) _____

As parent/guardian of the above youth, I give permission for them to attend The Rock Youth Group, Cowra.

Signature: _____

Phone number(s): _____

E-mail (optional): _____

Any other notes about allergies, medical conditions or special needs:



PLEASE TICK FOR EXCURSION CONSENT

I give permission for my child/youth's to be driven off-site for the pre-planned activities, all of which will appear on the program at the start of each term.

PLEASE TICK FOR PHOTOGRAPHY CONSENT

I give permission for my child/youth's face to be included in any promotional photos or videos.

The Rock Youth Group Cowra is a combined effort between



www.cowrabaptist.org



www.cowrachurch.org

For the most up-to-date information, please like or follow us on Facebook:

<https://www.facebook.com/rockyouthgroupcowra/>