

Form 5

GROUP ACTIVITY APPLICATION FORM AND CONSENT FORM

This application form is to be completed by children/young people wishing to become involved in Church-related group activities in the Diocese of Galway Kilmacduagh and Kilfenora (such as altar servers or choir).

Name of applicant _____ Date of Birth _____

Address _____

Co-ordinator/Leader of activity _____

I wish to apply to serve as (name activity here) _____ I understand
e.g. altar server, choir member etc

that being a reliable member of the group is important and I accept that I must follow the rules of the group as set down by the Co-ordinator/Leader

Signed _____ Date _____

Consent of Parent / Guardian

Name _____ Telephone No. _____

Address _____

I give consent to _____ (name of child/young person) being involved in the Church-related activity/activities specified above.

Please give details of any medical conditions or special needs that may be relevant.

In the event of an emergency in which a parent/guardian cannot be contacted, I consent to the provision of necessary medical care. I understand that the membership of the group/activity is conditional on the above named child/young person adhering to all requirements for participation as outlined to me.

Signed _____ (Parent/Guardian) Date _____