

# J Company Parent/Guardian Authority Form

PARTY/GROUP ORGANISERS NAME \_\_\_\_\_

Date of J Company Event \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

My emergency contact telephone number is \_\_\_\_\_

**I confirm the above named child:-**

- Is physically fit and mentally able to take part in laser games.
- Has no medical conditions that would prevent them from playing.
- Is fully aware of the risk to themselves and others involved when playing on uneven terrain which can be slippery in wet conditions.
- Will comply with J Company rules and use all equipment as instructed. Failure to do so may result in exclusion from the remainder of the event.
- Will obey all instructions from J Company including safety procedures.
- Will wear appropriate clothing which must include long sleeves and long trousers at all times.
- Will wear adequate supportive footwear, J Company recommends football boots in wet conditions.

**Please advise J Company if the above named child suffers from any of the following conditions. If so please indicate what, if any, medication may be needed during the event. This medication must be on site for the duration.**

- **Asthma** \_\_\_\_\_
- **Diabetes** \_\_\_\_\_
- **Epilepsy** \_\_\_\_\_
- **Allergic reactions/Anaphylaxis, if so to what:** \_\_\_\_\_

I give my consent that J Company may administer minor first aid should the need arise.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

We may periodically send you information on J Company events. You can unsubscribe to these emails at any time.

**A photo of each group will be taken at the end of the event and put on our website gallery page**