

PARENTAL CONSENT FORM



Dear Parent/Guardian,

We ask that you please read, sign and agree to the following conditions in order for your child/children to go surfing with Achill Surf and Kayak School. This consent form should be signed by parents/guardians of children up to and including 18 years.

Name of Child/Children:

Name of Parent:

Contact Number (Home & Mobile Please):

Tel:

Mob:

Conditions:

1) Your child will be supervised at all times by instructors who will provide all relevant equipment and instruction.

2) Surfers will be transported to and from the surfing location in our mini bus/coach.

3) During the surf lessons instructors sometimes use a camera to take photos of the kids surfing that may be uploaded to our online gallery. If you object to this please let us know.

4) In order for your child/children to come surfing with us he/she must behave appropriately with other kids and follow the directions of our instructors.

5) Can your child swim? Please tick box. Yes No Child does not necessarily need to be able to swim. This is for our own information.

6) Does your child/children have any medical conditions/medication that we should be aware of? (Asthma, epilepsy, etc.) Please identify:

6) Other relevant information.

Signature _____

Date: _____

Achill Surf & Kayak School

Address:
Achill Surf & Kayak School,
Achill Island,
Co. Mayo

Email: info@achillsurf.ie

Website: www.achillsurf.ie

Tel: 095 34667 / 086 8047043