Parental Consent Fo	<u>orm</u>
Event Name 2	Zero Ping Heroes LAN #9
Dates S	Saturday 5th - Sunday 6th October
Times 1	0am Saturday - 6pm Sunday
Location F	Phoenix House, North Street, Lewes, BN7 2QJ
Attendee Name	
Date of Birth	
Primary Contact Name	
Contact Number	
Alternative Contact Name	
Contact Number	
Please provide any important	medical information including any current medication below

Please note

We do not provide any direct supervision for attendees to our events
We recommend that any attendees aged 15 or under are accompanied by an adult
Food and drink is not supplied by us, the organisers, so please make suitable arrangements
Sleeping equipment will be required for the communal sleeping areas

By signing this form, I consent to my child attending the event named above, and agree to allow the organisers to make any emergency medical decisions on my behalf, including transfer to a hospital if necessary. There are qualified first aid personnel on-site, who will be introduced to the attendee upon arrival.

Declaration: I agree to the above conditions and have provided all relevant information as required.

Parent/Guardian Name	
Signature	
Date	

Attendees should bring this form, fully completed and signed by the attendee's parent or guardian, to the event at the point of check-in. Attendees under the age of 16 will not be able to participate without this document.