

**CARMARTHEN  
YOUTH  
PROJECT**



**PROSIECT  
IEUENCTID  
CAERFYRDDIN**

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Tel/Ffon : (01267) 222786 e-mail : office@drmz.co.uk  
7 Stryd Y Frenhines, Caerfyrddin, Sir Caerfyrddin

**PARENTAL/GUARDIAN CONSENT FORM**

**ACTIVITY – Ice Skating and Shopping**  
**VENUE - Swansea – Waterfront Winterland**  
**DATE: - Monday 21<sup>st</sup> December 2009**  
**TIME: - 10am till 6pm**  
**COST: - £4**

Name

Address

Tel No

Doctor's name and telephone number.

Does your son/daughter have a medical problem or is he/she allergic to any medication? If so please give details:

We would like to photograph/film the events. Please tick the box if you **DO**  
**NOT** give permission for you son/daughter to be photographed/filmed.

Signed..... (Parent/Guardian) Date.....

**DISCLAIMER: Dr.Mz & event organisers accept no responsibility for accidents. While every precaution will be taken to ensure safety of participants, entry is at own risk. Dr.Mz does not cover the individual for personal insurance.**