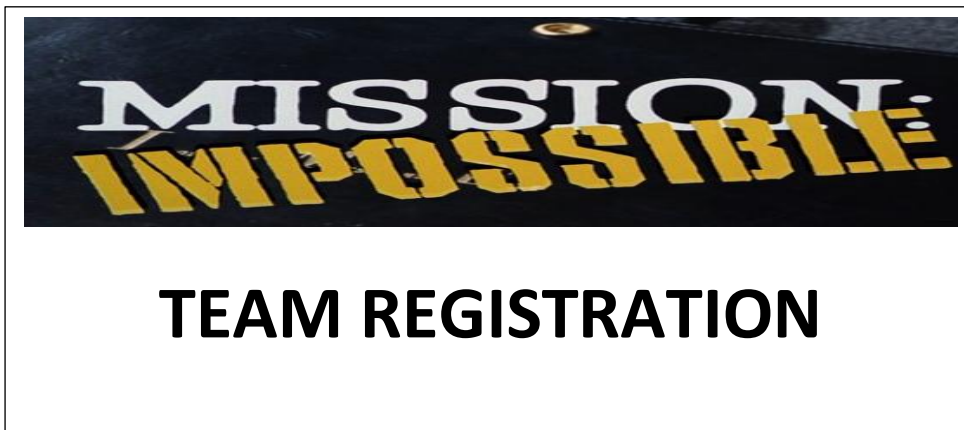


# PORTAFERRY COMMUNITY COLLECTIVE & PORTAFERRY GALA



**TEAM NAME:**

**TEAM LEADER:**

**TEAM MEMBERS:**

**TEAM MEMBER AGE:**

1.

2.

3.

4

**TEAM SUBS: Name and age**

1.

2.



# PORTAFERRY COMMUNITY COLLECTIVE & PORTAFERRY GALA



NAME .....

ADDRESS .....

.....

D.O.B. .... AGE: .....

TEL. NO ..... EMERGENCY NO.....

Does your child suffer from any medical conditions or treatments, serious allergy, illness, physical impairment including injury please state below:

.....  
.....

DOCTORS NAME: ..... TEL. NO. ....

Does your child have any learning difficulties or disabilities which we need to be made aware of please state below

.....  
.....

I the parent/guardian of ..... consent to their participation in the Mission Impossible Challenge event and aware of the physical and mental challenges it provides and further agree to the photographic and video documentation regarding publicity of this event.

Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

