PARENTAL/GUARDIAN PERMISSIONS

The following details permissions for your young person to engage in various activities during attending the Pemberton Youth Zone. Please read through the following carefully and provide your signature in the spaces provided to indicate your consent.

Each of the following permissions are optional. Should you decide not to provide permissions to any of the below, where possible an alternative activity will be provided for your young person, however, where this cannot be achieved safely, you may be required to collect your young person from the Youth Zone.

If you have any questions regarding the following, please do not hesitate to contact the Pemberton Youth Zone for clarification.

1) Walking Excursions around Pemberton

I give permission for my young person to leave the sports club during Pemberton Youth Zone hours on planned walking excursions around town. These outings will always be as a whole group with the Youth Coordinator and Youth worker supervising.

☐ Yes ☐ No

SIGNATURE:

2) Watching PG, M & MA15+ rated movies

I give permission for my young person to watch PG and M rated movies at Pemberton Youth Zone under the guidance and supervision of the Youth Coordinator and youth worker

☐ Yes ☐ No

SIGNATURE:

3) Media release

I give permission for photos/videos taken during activities that may depict my young person to be used by the Pemberton CRC for publication on social media, newsletters and for reporting purposes.

☐ Yes ☐ No

SIGNATURE:

I give my permission for my young person; _____to attend the Pemberton Youth Zone for 2025-2026.

I understand that upon signing in, my young person will not be able to leave of their own accord as they come under the Pemberton Sports Club's duty of care. I have read, understood and responded to the parental/guardian permissions on the previous page.

Except for a phone call or message to club staff, I will pick up my young person at 8pm sharp each Friday night *(unless permission is provided below for your young person to walk home).*

OPTIONAL:
I give permission for the member identified above to walk home after PYZ at 8pm.

Yes ☐ No ☐

SIGNATURE:

PYZ Group Chat

I give permission for my child to join the PYZ WhatsApp Group chat. This group will be used exclusively for PYZ-related information and surveys. I understand that my child's phone number will be used to add them to the group.

Yes ☐ No ☐

SIGNATURE:

PARENTAL/GUARDIAN CONSENT

NAME: SIGNATURE:

DATE: Email: Mobile:

We require one parent/guardian to *volunteer for 1 session per year* too:

Please tick your preference:

- Prepare Dinner ☐
- Supervise activity ☐
- Umpire sport activity ☐

Sport_____