



## Contact Details

Parents Details	Youth Council Member
Title:	First Name:
First Name:	Last Name:
Last Name:	DOB:
Address:	School / College:
	Email :
Town:	Mobile:
County:	
Postcode:	
Email (Optional):	
Tel (Optional):	

Please tick the following statements as relevant:

I would like to be copied into all email correspondence sent to my son / daughter:

I would like to be copied into all text correspondence sent to my son / daughter:

I am happy for my son / daughter to be photographed in accordance with Youth Council duties:   
(Publicity includes local papers and the internet)

Any dietary / food / drink allergy information we need to be aware of:

I give consent for my Son / Daughter to be a member of the Runnymede Youth Council

I give consent for my Son / Daughter to be a member of the Runnymede Youth Sports Council

Parents Signature:

Date:

Please return this completed form to:  
 Natalie Clarke, Leisure Services, Runnymede Borough Council,  
 Runnymede Civic Centre, Station Road, Addlestone, Surrey, KT15 2AH