



WHERE: PARAPARK ESCAPE ROOM
WHEN: Friday 25th May 2018
 6:15pm – 9pm
COST: \$45 (includes Escape room + pizza dinner)



Name of child: _____ Date of Birth: ___ / ___ / ___
 Child's mobile: _____ Home Phone: _____
 Parent Email address: _____

Emergency contact:

1. Name: _____
 Relationship to child: _____ Phone: _____

I consent to my child attending the **PARAPARK Escape room** (2/119 Wicks Rd Macquarie Park) on Friday 25 May 2018. I understand that my child will be attending under the supervision of **Darryl Soh and the DY leadership team** from Drummyne Presbyterian Church.

- I appreciate that every care will be taken by the leaders of the youth group.
- I give permission for my child to ride in the mini-bus / leaders' cars during the night.
- I authorise the youth group leader to arrange for my child to receive medical treatment when they deem necessary and if I am unable to be contacted.
- My Child has allergies: (please specify all allergies below)

- My Child is taking medication: (please specify all medications below)
- _____

Signature of Parent/Guardian: _____

Name: _____ Date: _____

**REGISTER BY
 FRIDAY
 18 MAY 2018
 (Limited Spaces)**