



# STUMP

## PARENT/ GUARDIAN CONSENT FORM

Applicant's Name: .....

Which STUMP date are they applying for? .....

Parent / Guardian's name: .....

Parent / Guardian's contact numbers: .....

Parent / Guardian's email: .....

I declare that the information supplied above is correct. I give permission for  
..... (Name) to attend STUMP from **Monday 4th July to Friday 8<sup>th</sup> July 2016**.

I agree to arrange adequate drop off and pick up of my child at the times agreed to and arranged by The Salvation Army.

I understand that all reasonable safety precautions will be taken at all times by The Salvation Army and that the leaders and those connected with the group cannot be held responsible for personal injury.

Parent/ Guardian Signature:

.....

Date:

.....

Please return this completed form via email, fax or post to Jo Huntington (Stump Facilitator):

E: [jo.huntington@aue.salvationarmy.org](mailto:jo.huntington@aue.salvationarmy.org)

F: (02) 9380 2776

A: PO Box 349, Darlinghurst NSW 1300