Consent Form

I, the undersigned hereby give permission to my son/daughter			
to attend and participate in 'Picnic' ACTS Event, organised by ACTS Teens that forms part of Tabgha Foundation (VO/0314) on the 20th April from 14:30 to 18:00 held at Tas-Salib Chapel, Rabat. Although the leaders are responsible for the participant, I am fully aware that my son/daughter is also expected to be responsible for his/her actions as well as co-operative on his/her part. Does your son/daughter suffer from any medical conditions requiring treatment, or allergies/ intolerances? (If yes, please specify).			
		I take full responsibility for my son's/ event. In case of need, I may be contacted	
		I hereby authorise Tabgha Foundation to data and that of my son/daughter. I receives regular updates and information Foundation related to its outreach to you	consent that my son/daughter on from ACTS Teens and Tabgha
the event and placed on ACTS and/or other publications.			
Full Name of Parent/Guardian	ID Card Number		
Signature	Date		

Tabgha Foundation collects and processes personal data in accordance with local and EU Data Protection Laws. You have the right to request access to, or update your personal data by submitting your request in writing to our office. Tabgha Foundation will retain your data and send updates until your written request for removal is acknowledged by the office.