Consent Form

I, the ur	ndersigned as parent/legal guardian of	(applicant)	
Lenten tion (VC op's Ser that the Applica	rmission to the said Applicant to atten Day Retreat, organised by ACTS Teens to 2/0314) held on the 12th April between minary, Rabat as described on the Information organisers endeavour to act in the beat is aware and expected to act responsion of co-operation.	hat forms part of Tabgha Foundands 09:30 to 17:00, at The Archbishmation Page. Whilst I recognise est interest, I understand that the	
lundert	take to inform you if the Applicant suffe	ers from any medical condition.	
In case	of need, I may be contacted on		
	I authorise Tabgha Foundation to retain and process my personal data. I consent that the Applicant's personal data is collected, retained and processed to keep the Applicant updated with upcoming events.		
I consent that photos of the Applicant are taken during your events and used for outreaching purposes, including uploading on your social media channels.			
tion Re	cally, in relation to personal data (as degulation), Tabgha Foundation shall collacted accordance with data protection laws.		
	extent, I hereby agree with Tabgha Fou found at https://youthfellowship.org/p		
Full Name of Parent/Guardian		ID Card Number	
Signature		Date	