

Participant Application Form

Diocese: Limerick

Parish: Monaleen

Name: _____

Address: _____

I wish to apply for membership of the parish _____ group.

Date of Birth: _____

I understand that becoming a member of the parish _____ group is very important and I accept that I must follow the rules as have been explained to me. I understand that if I fail to do this my participation may be withdrawn.

Signed: _____

Date: _____

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General Membership - Parental Consent *

Name: _____

Address: _____

Parent/guardian telephone contact number/s: _____

the parent / guardian of : _____

I understand that the granting of membership is on condition that all the requirements of participating in the parish _____ group as have been outlined with me will be adhered to by her / him and that failure to do so could result in immediate withdrawal of membership.

Signed: _____

Date: _____

Medical note: If the young person in your care requires medical care, suffers specific allergies or requires certain dietary requirements please state so here:

* Activities conducted outside of normal parish group activities will require separate consent.