

Note: This form abbreviates 'Young Person' to 'YP'.  
This refers to the CYZ member that this form relates to.



## Carlisle Youth Zone

Victoria Place, Carlisle, CA1 1LR

01228 516 280 | info@carlisle-youthzone.org

### Junior's Parental Consent to Leave

**My child can leave Carlisle Youth Zone without adult supervision (tick appropriate)**

On All Visits

Sometimes

If you chose 'Sometimes', when can they leave on their own?

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### Declaration & Emergency Details

I give permission for (YP Full Name) to leave Carlisle Youth Zone without adult supervision. I take full responsibility for my child once they have left the premises, even if they wish to leave before club finishes (20.30 weekdays, 15.30 Saturdays).

Adult's Name: \_\_\_\_\_

Relation To YP: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Landline) \_\_\_\_\_

(Mobile): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*We will keep this form until your YP's membership needs renewed, at which point the consent will need renewed*