

**AquaZone Consent Form: Birthday Parties**

Name of Party:	
Number of Children attending Aquazone:	
Date of Session:	____/____/____ Time of Session: _____
If there is any child in attendance who has additional needs/specific requirements, please specify:	
If there is any child whom requires 1:1 assistance in the pool for the duration, please state name of the child:	
Name of guardian/carer accompanying the child into the water:	PLEASE PRINT: _____ Signature: _____
<u>Parent/Guardian/Teacher etc. - Contact at Venue (For Duration of Stay) and acknowledging guardian/carer listed above:</u>	NAME: _____ PHONE NUMBER: _____ SIGNATURE OF SCHOOL/GROUP/PARTY REPRESENTATIVE: _____
<b>Please tick (✓) to confirm the below:</b>	
I am the accompanying guardian of all children in the party stated above.	
I give permission for the children listed above to enter AquaZone unsupervised by me or any adult with exception of any previously mentioned child.	
I confirm that I will stay on the premises of the National Aquatic Centre.	
I confirm that all children are aged 9 or over.	
I confirm that all children are competent swimmers.	
I agree that Sport Ireland Facilities DAC is not liable for articles damaged, lost or stolen in or about the facility, or in its lockers, or for loss or damage to any property including but not limited to automobiles and the contents thereof.	
<b>Consenting Adult Name (BLOCK CAPITALS):</b>	
Signed: _____	Date: ____/____/____