



PERMISSION SLIP FOR CHILDREN & TEENAGERS' COURSES PROVIDED BY THE ALLIANCE FRANCAISE DUBLIN

For and in consideration for being enrolled in a French course at the Alliance Française,

I, _____

the undersigned, parent or legal guardian of the minor child:

Name of child: _____ registered for the following class:

Name of class and teacher: _____

Agree to the following and release and hold AF harmless from any liability therefrom. (Please choose one)

My child has permission to leave the AF building on his/her own after class for all classes taken during the academic year (please choose this option if your child will be picked up outside the AF).

My child will be released from the classroom at the end of the class to the following designated responsible adults who have met with the instructor before the start of classes and have identified themselves as such:

Name: _____ relationship to child _____

Contact number: _____ Emergency number _____

Name: _____ relationship to child _____

Contact number: _____ Emergency number _____

A written note signed by myself will notify the teacher of any changes.

I agree that my child will be picked up on time. The AF may assess an additional childcare fee of € for each 15 minutes delay if the designated responsible adult picks him or her up late.

I have informed the teacher of any allergies and/or medical condition that your child may have. They are noted below:

I give AF permission to seek medical treatment for my child in case of emergency and if AF has not been able to contact me. I accept full responsibility for the cost of treatment for any injury that may be suffered by my child while taking part in the camp. I hereby assume all risks and hold AF and any instructors, harmless, from any liability, claim or injury, damage or loss of property that may occur in connection with this enrolment.

Permission to Photograph

In order to show parents and also prospective students what is organised in the Alliance Française, photographs of your child might be taken for marketing purpose.

Please indicate, by checking the box, if you give permission for your child to be photographed for this purpose. (An unchecked box will be taken as permission declined).

Signature and date

Name & relationship to child