­

Unaccompanied Child (P5 – P7) Release Form

If you consent to your child(ren) signing in and out of Saints Sport sessions (classes, camps, lessons), please complete all sections of this form and return to your child’s head coach or by email to [juniorsaints@st-andrews.ac.uk](mailto:juniorsaints@st-andrews.ac.uk).

If you wish to provide consent for more than one child, please insert the requested details for all children and clearly state which class applies to each child.

|  |  |
| --- | --- |
| Child(ren)’s Full Name(s) |  |
| Junior Saints Membership No. |  |
| Date of Birth |  |
| Session(s) child(ren) will be attending and dates you consent to the named child(ren) self-signing in/out |  |
| Camps session (AM/PM) child(ren) will be attending and dates |  |
| Parent/Guardian signature |  |
| Date |  |