

CHELMSFORD MODEL FLYING ASSOCIATION

JUNIOR AND VULNERABLE ADULT PARENTAL CONSENT FORM

Junior Members Name

D.O.B

I,(Print Name)
(Parent/Guardian/Other) Acknowledge that I am responsible for the safety and welfare of the Member above, at all times whilst he / she is at the Club Flying Field, except whilst he / she is under the direct supervision of a Club Registered Instructor.

The Member will not be left on their own at any time.

Signed.....Date.....