

IMPORTANT NOTE:

for events hosted by family center „Planet Zukunft“:

please submit registration form and cours fees together at planet zukunft

for events hosted by youth work Büdingen:

please submit registration form and cours fees together at the city administration

CONSENT FORM

1. I agree to the participation of my child for the event overleaf
 2. Of physical damage / impairments, which do not allow participation in certain program points (sports / games / hikes ...), is nothing known to me. Any restrictions are indicated in the overleading section.
 3. I allow my child to take part in the rides and activities provided by the supervisors.
 4. I agree that my child will be treated according to medical treatment in case of illness and, if necessary, be taken to a hospital where necessary treatment steps (for example, x-ray, oration, blood transfer) are initiated, if necessary from a medical point of view. In such a case, I will be informed as soon as possible.
 5. I drew my child's attention to the fact that he has to follow the instructions of the supervisor.
 6. I authorize the supervisors, in urgent cases (illness / home delivery), to transfer the supervision obligation for the participants to the designated contact person, if I / if we are not available.
- With my signature, I / we hereby confirm the correctness and completeness of the information provided overleaf and agree to the conditions above.
7. As a part of the holiday offers pictures are taken, which are used without the name your child for our public relations (advertising, press, bulletins, internet). If you do not agree, please let us know.

Place and date _____

signature _____

REGISTRATION FOR OFFERS

- FAMILY CENTER „PLANET ZUKUNFT“
GYMNASIUMSTRASSE 28 · 63654 BÜDINGEN
Tel 06042 9534101/-2
- YOUTH WORK BÜDINGEN
EBERHARDT-BAUNER-ALLEE 16
63654 BÜDINGEN
Tel 06042 884165 · mobil 0163 7434160
jjwk-ja.buedingen@jj-ev.de

The registration addresses FOR ALL OTHER EVENTS can be found in the respective offers

Event _____

Date _____

Details of the participant

Surname/ given names _____

Date of birth _____ Grade _____

Street _____

Place _____

Details of legal guardian

Surname / Given Names _____

Address _____

Tel privat/ mobil _____

Tel workplace _____

E-Mail _____

Impairment of my child (medication, illness, etc.): _____

My child can swim can't swim

Contact person (if the legal guardian is not available):

Surname/given names _____

Tel _____

Address _____

Please note the back _____

