



TRUST WAIKATO
TE PUNA O WAIKATO

Trust Waikato Sunset Beach Lifeguard Service Inc.

Permission Form

To approve the over-night stay at the Surf Club for a club member aged from 14 to 16 years.

Name of member: _____

Age _____ Date of Birth _____

Name of Parent/Legal Guardian: _____

Full address and phone contact details of Parent/Legal guardian for the duration of the members stay:

_____ Mobile phone _____

Date of requested over-night stay at Surf Club: _____

In signing this permission form the Parent/Legal guardian accepts that the above member will abide by all club rules and regulations and that if the member fails to comply at any time during their stay, that the Parent/Legal guardian will be called upon to immediately remove the member from the Surf Club premises.

Signature of Parent/Legal guardian:

_____ Date _____

Name and signature of club committee member:

_____ Date _____

NOTE: Permission is only granted with the agreement and signature of a current club committee member.