

PAINTBALL GAMES UK

TELEPHONE 0845 472 1023 9:30 AM - 5:30 PM WEEKDAYS. www.paintballgamesuk.org.uk

Site:

GAME DATE:

ORGANISERS NAME:

PLAYERS AGED 13 - 15:

Must have a signed copy of this consent form, either by a parent or legal guardian. The signature on this form takes responsibility of the young person and his/her actions. Failure to produce a signed consent form on the day of your game **will** result in the player being excluded from all games, and any deposits will not be refundable.

I, _____ the Parent/Guardian of
_____ can confirm that the young player is at least
13 years old and their date of birth is ____/____/_____.

As the young persons Parent/Guardian, I agree to allow them to come
and play paintball on the ____/____/_____ at our
_____ site.

I also agree to take full responsibility for my child's actions, and that if
the player is found to be under the ages stated on this form that I will
lose all deposits paid for that person, and they will be excluded from
any of our game.

Signed: _____

Printed: _____

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Tel. 0845 472 1023, or visit www.paintballgamesuk.org.uk

Please take this confirmation to the site you are playing at, the site reserves the right to block entry
with out this form.