



SYLVESTRIAN
LEISURE CENTRE

To Whom It May Concern,

I _____ give consent to my child _____ to sign in/out of SLC Holiday Activities Camp without an accompanying parent/carer.

Please provide specific contact and travel details below.

Method of travel to and from Camp	Parent/carer whereabouts	Any further info (E.g. Reasons why the child may turn up late)	Childs mobile number

Any additional information:

Signed: _____

Date: _____