

**J
u
n
i
o
r

C
o
n
s
e
n
t

F
o
r
m**



Registration Consent Form

For players year 1 to 16 years of age - To be completed by parent or guardian

I understand that I have agreed to allow my child to participate in the Laser Blaster event entirely at their own risk (recognising that there are hazards in the woods: fallen trees, sharp objects, trip hazards, holes, insects etc). I, on behalf of the player mentioned below, confirm that Yorkshire Paintball Centre, shall not be liable for any damage, cost or expense arising from his/her attendance at the Laser Blaster event, except in the respect of death or personal injury resulting from any omission or act of negligence.

All players will be given instruction on the game & site rules, use of the Laser Blaster equipment and safety procedures. These rules are to ensure safe play and to maximise the enjoyment of all those taking part. I understand that failure to follow these rules may disqualify this individual or their group from continuing to participate in the game. Refunds will not be issued in such circumstances.

I confirm that I believe my child to be physically fit and able to participate in the games and recognise that the game may require a high level of exertion. Please declare to the game manager any illness such as asthma, heart disease etc as these conditions may be agravated by participation in Laser Blaster games.

Name of Participant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date of birth (Participant)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Address of Participant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Game Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Age of Participant

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Parent / Guardian Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

GDPR Consent and Opt In

We would like to send you details of special offers via text message. We require your specific consent to do that. If you do not want any correspondence then please do not fill in your mobile phone number.

Signature of Parent / Guardian

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

! INCOMPLETE, INCORRECT, OR ILLEGIBLE DETAILS WILL RESULT IN YOUR CHILD BEING UNABLE TO PARTICIPATE IN THE DAYS PAINTBALL GAME.

**J
u
n
i
o
r

C
o
n
s
e
n
t

F
o
r
m**



Registration Consent Form

For players year 1 to 16 years of age - To be completed by parent or guardian

I understand that I have agreed to allow my child to participate in the Laser Blaster event entirely at their own risk (recognising that there are hazards in the woods: fallen trees, sharp objects, trip hazards, holes, insects etc). I, on behalf of the player mentioned below, confirm that Yorkshire Paintball Centre, shall not be liable for any damage, cost or expense arising from his/her attendance at the Laser Blaster event, except in the respect of death or personal injury resulting from any omission or act of negligence.

All players will be given instruction on the game & site rules, use of the Laser Blaster equipment and safety procedures. These rules are to ensure safe play and to maximise the enjoyment of all those taking part. I understand that failure to follow these rules may disqualify this individual or their group from continuing to participate in the game. Refunds will not be issued in such circumstances.

I confirm that I believe my child to be physically fit and able to participate in the games and recognise that the game may require a high level of exertion. Please declare to the game manager any illness such as asthma, heart disease etc as these conditions may be agravated by participation in Laser Blaster games.

Name of Participant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date of birth (Participant)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Address of Participant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Game Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Age of Participant

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Parent / Guardian Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

GDPR Consent and Opt In

We would like to send you details of special offers via text message. We require your specific consent to do that. If you do not want any correspondence then please do not fill in your mobile phone number.

Signature of Parent / Guardian

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

! INCOMPLETE, INCORRECT, OR ILLEGIBLE DETAILS WILL RESULT IN YOUR CHILD BEING UNABLE TO PARTICIPATE IN THE DAYS PAINTBALL GAME.