

Date data deleted + Officer Signature

## IADT SUMMER COURSES 2024 PARENT/LEGAL GUARDIAN CONSENT FORM

Course Title		
Course Date		
Student Full Name		
Student Date of Birth		
Student Address		
Student Contact Number		
Student Signature		
Parent/Legal Guardian Full Name Details		
Parent/Legal Guardian Address (Day and Evening)		
Parent/Legal Guardian Contact Telephone Number		
(Mobile)		
I confirm thattime of application.	(Course Participant Name) is between	o ;ca.o o; ugc uc mc
I confirm that (Course Participant Name) has my consent to participate in the course.		
Parent/Legal Guardian Signature  Date of Signature  Date of Signature		
r areing Legar Guardian Signature	Dute of dignature	
written parental consent to partici models. IADT reserves the right to	immer courses is 16 years of age. Particip pate in all courses including Life Drawing request proof of age documentation. The vise if you wish that the details are deleted	classes which includes nude e details provided in this form will be
For further information please contact: <a href="mailto:ptc@iadt.ie">ptc@iadt.ie</a> .		
Official use Only:		
Date Complete Form Received		
Date details entered onto IADT D	atabase	
	ad 12 months from data of signature (V/A	1)