

The FaithFeed ECHO – Emerton Parish

FRIDAY 14 November 2025

CONSENT FORM – UNDER 18

*If a participant is **under the age of 18**, parents/guardians need to complete the following and email the Mission Enhancement Team (MET) – Diocese of Parramatta at met@parracatholic.org prior to the event on Friday 8 August - or to bring in a completed copy to provide at registration for the event.*

I, _____ give permission for my child to attend The FaithFeed ECHO (TFF ECHO) on Friday 14 November at Holy Family Parish, Mt Druitt.

I understand the nature of this event; and also understand that I am responsible for my child’s supervision and transport to and from the event.

I can confirm that my child will participate in the activities of the event and will respect facilities, volunteers and participants. I give permission for my child to attend TFF ECHO by ticking the following

- Friday 14 November, 6:30pm – 9:30pm: TFF ECHO
Location: Church building - 252-254 Luxford Road, Emerton NSW 2770

NAME OF UNDER 18’s PARTICIPANT: _____ AGE: _____

PARISH/GROUP: _____

CONTACT NUMBER: _____

PARENT/GUARDIAN NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN CONTACT NUMBER: _____

PARENT/GUARDIAN EMAIL: _____

(Optional) ADDITIONAL under 18s PARTICIPANTS

NAME: _____

AGE: _____

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ELECTED SUPERVISOR: I indicate below the name of an adult over 18 years of age who is responsible for supervising my child to and from the HOPEFEST events from Friday 8 August – Sunday 10 August 2025; as well as any relevant medical information that will be used to ensure the safety and appropriate care for my child during the event.

NAME OF ADULT: _____

RELATIONSHIP TO CHILD: _____

CONTACT NUMBER: _____

CHILD'S MEDICAL / OTHER INFORMATION: _____

TRANSPORT: I indicate below the name of an adult over 18 years of age who is responsible for transporting my child to and from the HOPEFEST events from Friday 8 August – Sunday 10 August 2025; as well as any relevant medical information that will be used to ensure the safety and appropriate care for my child during the event.

NAME OF ADULT: _____

RELATIONSHIP TO CHILD: _____

CONTACT NUMBER: _____

REQUIRED - PHOTO & VIDEO NOTICE: I understand that photos taken could be used for the purposes of promotion of the Diocese of Parramatta activities and related purposes, which include but are not limited to the use of the image in printed/online publicity and social media.

Mission Enhancement Team (MET)
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