



STEP UP FOR LEARNING DIFFERENCES – WALK WITH ROY

4 TO 5 OCTOBER 2024

PARENTAL CONSENT FORM FOR CHILDREN AGED 12 TO 16 YEARS OF AGE

Child Full Name		Age:	
Parent/Guardian Name			
Parent Emergency Contact			
Parent Email:			

The Dyslexia Association of Singapore (DAS) is organising a 24-hour walking event, "Step Up for Learning Differences – Walk with Roy," (STEP UP 2024) on 4 to 5 October to raise awareness and funds for the DAS Bursary Fund. Your child has expressed interest in participating in this event, which includes walking between DAS Learning Centres unsupervised.

PARENTAL CONSENT:

I, the undersigned, being the parent/legal guardian of the above-named participant, give my consent for my child to participate in STEP UP 2024 walking event, understanding that this involves walking unsupervised between DAS Learning Centres.

RESPONSIBILITIES AND DECLARATIONS:

Health and Safety: I confirm that my child is in good health and capable of participating in this physical activity.

Support: I will provide my child with necessary support, including arranging a personal support team for their safety and wellbeing during the walk. This includes ensuring they have food, water, appropriate clothing, and a means of communication.

Emergency Contact: I will be available as an emergency contact during the event and ensure that my child carries a mobile phone with my contact details

Liability: I release DAS and its representatives from any liability for any injury, loss, or damage that may occur to my child as a result of their participation in the event. This includes, but is not limited to, personal injury, property damage, or other incidents that may occur during the walk.

Supervision: I acknowledge that my child will be walking unsupervised during the event and that DAS will not be responsible for their supervision. I will ensure that my child understands the importance of safety and follows the designated routes.

Parent/Guardian Acknowledgment:

By signing below, I acknowledge that I have read and understood the terms and conditions of the STEP UP 2024 event, and I agree to them. I give permission for my child to participate in the event and accept full responsibility for their safety and conduct.

Signature of Parent/Guardian:

Date:

Important: Please return this completed form via email to volunteers@das.org.sg after registration. Failure to do so will result in an unsuccessful registration and your child will not be allowed to participate in the event, regardless of whether payment has been made. For more information: www.das.org.sg/upcoming_events/step-up-for-learning-differences/