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| logo MYFF.jpg  **Second Edition** | | |
| CONSENT FORM | | |
| maltafilmfoundation_1 | az logo.jpg | G:\NEW MFC LOGO.jpg |

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| PERSONAL INFORMATION |
| In case of emergency, kindly contact: |
| NAME: |
|  |
| DATE OF BIRTH: |
|  |
| PHONE NUMBER: |
|  |
| RELATIONSHIP TO YOUNG PERSON: |
|  |
| ANY HEALTH ISSUES THE COORDINATORS NEED TO BE AWARE OF: |
|  |
| FOOD ALLERGIES: |
|  |
| PARENTAL CONSENT (For applicants under 18 years) |
| Tick if you consent to applicant’s participation in the Malta Youth Film Festival – Second Edition  Tick if you consent that audio-visual material generated during the Malta Youth Film Festival – Second Edition can be used for promotional purposes with regards to this programme  SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CONSENT (For applicants over 18 years) |
| Tick if you consent that audio-visual material generated during the Malta Youth Film Festival – Second Edition can be used for promotional purposes with regards to this programme |
| SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |