

ISLE OF MTV 2025
Parental/Guardian Consent and Contact Form

Participant's / Child's Name: _____ Date of Birth _____

Home Address of Participant/ Child Name _____

Parent/Guardian's Name 1: _____ Mobile Number _____

Parent/Guardian's Name 2: _____ Mobile Number _____

I (Parent/ Guardian) _____, grant permission for my child,
(Child's Name) _____, to attend the Isle of MTV on the 15th July 2025
happening at the Granaries Floriana.

Signature _____ Date _____

If the Participant/ Child is on any type of medications, or has any allergies please list them below