



# SKYWARDS SKYSURFERS

## Skysurfers Parent/Guardian Consent Form

*If you consent to your child becoming a member of the Skysurfers programme and to our collection, use and disclosure of the personal information contained in the membership profile, please complete, sign and enter the date in the fields provided below and return this form to Skysurfers at facsimile (+9714) 316 7001 or mail to P. O. Box 35436, Dubai, United Arab Emirates.*

I warrant that I am the parent/guardian of the person whose details are set out below, being a person under the age of 16 years (the applicant), and that I have read and agree to the terms and conditions of the Skysurfers programme and the Skysurfers programme rules (as set out at [www.skysurfers.com](http://www.skysurfers.com)) on my own behalf and on behalf of the applicant. I hereby give my consent to the applicant becoming a member of the Skysurfers programme and to the collection, use and possible disclosure of the applicant's personal information in accordance with the information contained in the Skysurfers privacy policy.

### Skysurfers member details:

Membership number: EK

Title: Master  Mr  Miss

First name: \_\_\_\_\_  
(Please fill - in BLOCK CAPITAL letters)

Family name: \_\_\_\_\_

### Parent/Guardian details:

Skywards number: EK

First name: \_\_\_\_\_  
(Please fill - in BLOCK CAPITAL letters)

Family name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)

Telephone number: \_\_\_\_\_  
(Please indicate country code and area code)

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you would like to include information on a second parent/guardian, please complete the fields below:**

Skywards number: EK

First name: \_\_\_\_\_  
(Please fill - in BLOCK CAPITAL letters)

Family name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)

Telephone number: \_\_\_\_\_  
(Please indicate country code and area code)

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_