



2nd Frimley Scout Group

PARENTAL CONSENT FORM - ARCHERY TARGET SHOOTING - ONCE ONLY

PLEASE NOTE: SPECIFIC **WRITTEN** PARENTAL PERMISSION IS NEEDED
BEFORE A YOUNG PERSON CAN TAKE PART IN THIS ACTIVITY

Upper section to be completed by the Leader in charge of the activity.

Lower section to be completed by the parent or guardian and returned to the Leader.

Name of Section: _____

Proposed activity: Archery Target Shooting

Location _____ Date _____

Start time _____ Finish time _____ Cost _____

Additional information _____

Leader _____ Signature _____ Date _____

If any additional information is required please do not hesitate to contact the Leader of the activity.

----- ✂----- ✂-----

Parent's or Guardian's Consent

I being the parent/guardian of the person named below hereby give permission for my child
..... (name of young person) to take part in Archery
Target Shooting on at

Please state if your son/daughter has a disability or condition that may be affected by this activity:

Please indicate details of any medical treatment he/she is receiving at the moment:

Contact details in the event of an emergency _____

Name _____ Parent/Guardian Signed _____

Address _____ ☎ No _____
