



Parental consent form - Activities

ID number:

I give permission for
to take part in the following activities which may be on offer:

- | | |
|---|---|
| <input type="checkbox"/> Air rifle shooting * | <input type="checkbox"/> Quad biking
<small>(I give permission, and child is over 12)</small> |
| <input type="checkbox"/> Laser/Quasar games | <input type="checkbox"/> Digger driving
<small>(I give permission, and child is over 12)</small> |
| <input type="checkbox"/> Laser clay pigeon | |

* I declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody)

Please state if your son/daughter has a disability or condition which may be affected by the activities:

Name:

Signature:
(Parent/guardian)



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