

THE CLB ACTIVITY PERMISSION FORM

Activity:

Full Name: _____ **Common Name:**

Rank: _____ **Company:**

Address: _____ **Telephone:**

Parent's Cell:

Date of Birth: _____ **MCP #:**

Expiry Date:

Parents please note: If you do not plan to be at the residence noted above during the period that your child is at this CLB activity, please provide the address and phone number where you can be reached.

Address: _____ **Phone #:**

If your child has a physical or behavioural condition, please explain on the reverse side of this form.

Parental Consent: I hereby give consent for my child (named above) to attend the above named activity and will agree to supply the above named child with all the necessary supplies.

Signature of Parent or Guardian: _____ **Date:**

Reviewed by Company Commander: _____ **Date:**