

Military/DOD Youth Services- PERMISSION SLIP

We / I the legal guardian or parent's of _____ age _____ give our / my permission for the above individual to participate in **Laser Tag on Friday March 12, 2010 7:30pm-11pm**. They will be transported via government van or bus. I hereby acknowledge and hold harmless, the United States Government for any injury or accident that occurs to the above name individual while engaged in the above stated activity or in any transportation to or from the activity. I give my consent in the event of any suspected injury or illness occurring to the above named individual, he / she may be examined at any military medical facility. I further acknowledge that in case of injury my son / daughter may receive medical treatment other than in military facility for which we / I assume responsibility.

FAMILY BRANCH OF SERVICE _____

COST: \$20 (do not pay CDC-give to MST staff or bring day of event)

OTHER INFO

Drop off/Pick up from Selfridge Visitor Center parking lot. Youth may attend AB late night starting at 6pm for additional \$2 and will receive pizza

PRINTED – Name of parent/legal guardian (Date)

Home Phone Number

SIGNATURE – Parent/Legal guardian (Date)

Emergency Phone Number/Name of Person

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