



PERMISSION SLIP for TRAVEL & OFF-SITE TRAINING

v.2017.06.13

Date of Travel: *Day:*

Date:

Time(s):

Destination: *Destination Address:*

Destination Phone:

I give consent for ()
Student requiring permission slip

To travel to ()
Location of event or training

With ()
Person providing transport

During the event, I can be reached at ()

In case of emergency and I cannot be contacted, please contact the following person instead

Name ()

Number()

Signed

I confirm that I am the parent/guardian of the above listed individual, that I agree to the terms and conditions above, and that I consent to their participation in Arundel Aikikai training.

Parent/Legal Guardian Signature

Date

Notes & Special Instructions