



Please fill in the lower section of this page, indicating whether or not you give your permission for your child to take part in this air rifle shooting activity. To avoid asking for your decision on each occasion when the activity occurs, we will assume that your decision will stand until your son/daughter leaves the troop, unless we hear from you in writing of any change.

### PARENT / GUARDIAN DECISION for ARCHERY

(Name of Scout) .....

I have noted the arrangements for archery.

I give permission

*(Please tick whichever box is appropriate)*

I do not give permission

Please state if your child has a disability or condition relevant to this activity

.....

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

.....

(Name of parent / guardian printed) .....

(Signature of parent / guardian) ..... Date .....