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## PARENTAL CONSENT FORM

**THIS FORM MUST BE COMPLETED BY THE PARENTS OR GUARDIANS OF ANYONE LESS THAN 16YRS OF AGE**

**BY SIGNING THIS FORM YOU GIVE CONSENT FOR YOUR CHILD TO TAKE PART IN AIRSOFT SKIRMISHING EVENTS AT SPEC OPS AIRSOFT, AND YOU AND YOUR CHILD HAVE READ AND AGREED TO OUR SITE RULES AND ARE AWARE OF THE HAZARDS OF PLAYING AIRSOFT**

**I DECLARE THAT MY CHILD IS FIT AND IN GOOD HEALTH AND HAS NO KNOWN MEDICAL CONDITIONS THAT WOULD INCAPACITATE HIM/HER DURING THE DAY.**

|   |  |
|---|--|
| <b>CHILD'S NAME</b>                                     |  |
| <b>D.O.B.</b>   |  |
| <b>PARENT/GUARDIAN'S NAME</b>                           |  |
| <b>HOME ADDRESS</b>                                     |  |
|   |  |
|   |  |
| <b>POST CODE</b>  |  |
| <b>HOME TELEPHONE NO.</b>                               |  |
| <b>EMERGENCY CONTACT NO.</b>                            |  |
| <b>ANY KNOWN ILLNESSES<br/>(ASTHMA, EPILEPSY, ETC.)</b> |  |
| <b>PARENT/GUARDIAN<br/>SIGNATURE OF CONSENT</b>         |  |