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PARENTAL CONSENT FORM

THIS FORM MUST BE COMPLETED BY THE PARENTS OR GUARDIANS OF ANYONE 17YRS OF AGE OR YOUNGER

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.

| | |
|--|-----------------|
| CHILD'S NAME | |
| D.O.B. | |
| PARENT/GUARDIAN'S NAME | |
| HOME ADDRESS | |
| | |
| | |
| POST CODE | |
| HOME TELEPHONE NO. | |
| EMERGENCY CONTACT NO. | |
| ANY KNOWN ILLNESSES (ASTHMA, EPILEPSY, ETC.) | |
| PARENT/GUARDIAN SIGNATURE OF CONSENT | |
| PERMISSION FOR OWN FACE MASK USE YES/NO, DELETE AS NEEDED | YES / NO |