

ARLINGTON SUMMER LEADERSHIP SCHOOL REGISTRATION

Name _____ SCHOOL _____
(Print Last, First, Middle)

UNIT _____ SOCIAL SECURITY # _____

RACE _____ SEX _____ ADDRESS _____

T-Shirt Size: _____

HOME PHONE _____ OTHER PHONE WHERE PARENTS MAY BE
REACHED DURING THE DAY _____

PERMISSION FORM

THIS SECTION MUST BE NOTARIZED

I/we, the Parents/Guardians of _____ hereby grant permission for my son or daughter to attend the Air force Junior ROTC Leadership School at Midwestern State University, Wichita Falls, Texas from 19 to 24 June 2011. I release the United States Air Force and it's agents, Midwestern State University, and it's agents, the Arlington Independent School District, and it's agents, Arlington High School, and it's agents and U. S. Government, and it's agents, and Camp Chaparral Baptist Assembly, and it's agents of any liability for accident or injury sustained during the course of this school.

I/we, furthermore, grant permission for our child's AFJROTC instructor or Arlington High School representative on duty to take my child, whose name is listed, to the nearest medical treatment facility for the purpose of examination, treatment, and or surgical procedures in the event of an emergency requiring immediate medical attention or treatment.

Printed Name of Parent Guardian **Address**

Signature of Parents Guardian

Signature of Notary Public **Notary Public for the County of _____ State _____**

Seal: