

MARKSMANSHIP
WHARTON HIGH SCHOOL AFJROTC UNIT TX-954
PARENTAL CONSENT FORM

SCHOOL WHARTON HIGH SCHOOL (AFJROTC Unit TX-954)

STUDENT'S NAME _____

SUPERVISING INSTRUCTORS NAMES: Major Welch AND CMSgt Slacum

My child has my permission to participate in the Marksmanship program and all activities associated with the Marksmanship program/team. I understand that participation in the Marksmanship activity is voluntary.

My signature on this form indicates I have read and understand the Safety Facts and Information Regarding Marksmanship.

Student Signature and date

Parent Signature and date