

## PARENT/GUARDIAN PERMISSION FORM TO PARTICIPATE ON THE AIR RIFLE MARKSMANSHIP TEAM

I \_\_\_\_\_\_, hereby grant permission for my Name of Parent or Guardian (Please Print)

son/daughter \_\_\_\_

\_\_\_\_\_, to participate as a \_\_\_\_\_\_, Name of Cadet (Please Print)

member of the Wharton High School USAF TX-954 JROTC Air Rifle Marksmanship Team.

I understand that membership on this team is contingent upon successful completion of required marksmanship safety classes provided by the unit and qualification acceptance onto the team by the team coach. I further understand that my son/daughter may be removed from said team for violations of the team rules, or for any violations of the unit's rules and regulations.

Parent/Guardian (Signature)	Date	
Senior Aerospace Science Instr	uctor's Endorsement on	
	Date	
I have reviewed this Cadet's rec	cord and (check one):	
Approve		
Is Disapprove of this cade	t's participation, because of the following	3:
		,

SASI/ASI's Signature