



CT Police Cadet Stations Day

Firearms Permission Slip

To be completed for each cadet participating under 18 Years old

I _____ give permission for my son/daughter to participate in Firearms Competition for the CT Police Cadet Stations Day being held on May 6, 2017. I understand the inherent risks involved in this activity. I understand that any and all precautions will be taken to help ensure my child's safety but that the activity is such that not every event may be planned for or prevented. I agree to all stipulations stated here and hereby give permission to _____ to participate. I do not know of any reason, medical or otherwise which would prevent my child from participating fully and safely or put others at risk. I also give permission for my child to be treated either by medical personnel on scene or at a hospital shall the need arise. I understand that all efforts to contact me will be made.

I further understand and grant permission for a facsimile of this form will carry the same weight and effect as the original.

_____	_____	_____
SIGNATURE	REALTIONSHIP	DATE

Print Name		

Emergency Phone Number Contact		

This form must be accompanied by the advisors
Certification Form