

PERMISSION SLIP – HHS AFJROTC BEST of BASIC 2024

I hereby give _____ (clearly print student’s name) my permission to participate in the AFJROTC Best of Basic program on 11 July 24.

Please circle one:

NO RESTRICTIONS to my son's/daughter's participation.

or

RESTRICTIONS.

Please be aware of the following general restrictions or health issues (detail below):

Parent/Guardian Name (please print)

Parent/Guardian Signature

Emergency Home Phone #

Emergency Work Phone #

Note: Please have your student submit this form upon arrival at the school. Additional forms will be available at the event for a parent to fill out if needed (ask a cadet greeter). If bringing a guest, please copy this form for his/her parents, or call 480-883-5205 to arrange for his/her parents to receive a form via email.