

# *The City School*

Southern Region  
Department of Sports, Fitness and Wellness

Photo

## **PARENTAL CONSENT FORM**

### **ADVENTURE / RECREATIONAL TOUR & TRAINING PROGRAM FOR BOYS**

### **MURREE**

Students (boys) of 10 to 14 years

28 May to 3 June 2016

NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

FATHER / GUARDIAN NAME: \_\_\_\_\_

CLASS/SECTION: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CROSSED CHEQUE NO: \_\_\_\_\_ AMOUNT: **Rs.39,500/-**

BANK: \_\_\_\_\_ IN FAVOUR OF: **The City School**

I hereby grant permission to my son to participate in the Adventure / Recreational Tour & Training Program for Boys at Murree.

### **GENERAL INFORMATION**

Telephone No:

Residence \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Residential Address: \_\_\_\_\_

Special instructions regarding the child (if any):

\_\_\_\_\_  
\_\_\_\_\_

Other information – e.g. medical including medication, etc. (if any)

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Normal supervision will be provided by The City School officials during the tour.**

Date: \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_