

**MCJROTC**  
**PARENTAL CONSENT FOR**  
**MARKSMANSHIP TRAINING**

We request our son/daughter, Cadet \_\_\_\_\_ be permitted to participate in marksman training at Ardrey Kell High School throughout his/her participation in the MCJROTC program. We grant our consent with knowledge that the training will involve the firing of air rifles. We also understand the MCJROTC instructors may arrange to conduct the air rifle firing practices and / or competitions against other JROTC units at local high school ranged or aboard military facilities. Additionally, we understand our child will receive proper weapons safety and handling instruction prior to firing any weapon.

Signature of Parent or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_

Date \_\_\_\_\_