

EXPERIENCE PAINTBALL !

This form may be photocopied for larger junior parties

Contact us by

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Telephone or fax : **01380 728982**

Text or mobile : **07703 203 893**

E-mail : **'enquiries@experiencepaintball.co.uk'**

Web site : **www.experiencepaintball.co.uk**

PARENTAL PERMISSION FORM

To be completed by the parent or guardian of any minor wishing to play paintball games with 'EXPERIENCE PAINTBALL !' and surrendered to the site staff on the day.

I would like the undersigned minor, for whom I am responsible, to play paintball games with 'EXPERIENCE PAINTBALL !', I understand the games can be quite demanding and any player who, in the opinion of the site supervisory staff, exhibits behaviours that might jeopardise the safety of themselves and others on site will be excluded from play.

Game Date :

Game Site :

Minor's Name :

Date of Birth :

Address :

Parent or Guardian's Name :

Parent of Guardian's Signature :

Date :

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