



PERMISSION SLIP

For _____.
(NAME OF CADET)

Please read each item and initial in the space provided (if the item is applicable) on the left side of the page. Note that picture IDs will be required by any of the noted individuals before they will be permitted to sign your son or daughter off base. Staff members will also ask parents and guardians for picture IDs to confirm their identity and to note the type of ID used to verify their identity.

_____/ 1. I give permission for my son/daughter to participate in the 2004 Nova Scotia
(Initials) International Tattoo as a member of the Cadet Display Team.

_____/ 2. I give permission for my son/daughter to be signed off base - on leave - during
(Initials) free time, but only with the following person(s) who are 19 years of age or older:

	Name (please print):	Relationship:
_____/ (Initials)	_____	_____
_____/ (Initials)	_____	_____
_____/ (Initials)	_____	_____
_____/ (Initials)	_____	_____
_____/ (Initials)	_____	_____

_____/ 3. I have read the attached Contract of Conduct and understand the rules and
(Initials) regulations in place for the Cadet Display Team cadets.

_____/ 4. I understand that my son/daughter will be held accountable for any damage that
(Initials) he/she is responsible for and I agree that the cadet and/or we the parents if required will pay for the cost of any repairs.

_____/ 5. I understand that my son/daughter can only accept a staff cadet position after
(Initials) June 1st, 2004 if the camp offering the position agrees that my son/daughter can start his/her term on or after July 8th, 2004.

_____/ 6.
(Initials)

I understand that my son/daughter may only be able to attend special family activities or Graduations and Proms that take place during sequencing rehearsals, dress rehearsals or performances if their absence does not affect the ability of the Cadet Display Team to put a full contingent on the floor. I also understand that all leave requests must be made a minimum of 24 hours in advance.

The following are the dates and times of my son/daughters Graduation, Prom and special family activities:

Activity	Date/Time
Graduation	
Prom	

(PRINTED NAME OF PARENT OR GUARDIAN)

(SIGNATURE OF PARENT/GUARDIAN)

(SAMPLE INITIALS)

(DATE)