



**St. Julian's Scout Group**  
C/O 29 Carmel str. St. Julian's STJ1100  
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## Parents' / Guardians' Authorization

### Activity Form

I, \_\_\_\_\_, parent /guardian, allow my child \_\_\_\_\_  
to take part in the abseiling activity, held by the Troop section, on  
\_\_\_\_\_

This would be under the supervision of their respective leaders.

Members are only under the supervision of their respective leaders during the time of meeting or activity. Once the time is over, the leader is not liable to be responsible for any member. Parents are advised to pick up their children on time. In case of an emergency the parents should inform the leaders that they will be late for the pick up.

Parent / Guardian's full name in block: \_\_\_\_\_

Signature: \_\_\_\_\_ I.D. \_\_\_\_\_

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