

G.A.A.S.



Parent/Guardian Consent for a Junior Member

I give permission for
(Print Applicant's name) _____
to be present on any Glossop Amalgamated Angling Society Club Water
without adult supervision and I accept full responsibility for

(Print Applicant's name) _____
in any such circumstance.

Name of Parent/Guardian (print) _____

Relationship to Applicant _____

Address _____

Contact Telephone Number(s) _____

Signature of Parent/Guardian _____

Date _____