

Youth Crime Watch of Nigeria

YOUTH CRIME WATCH OF NIGERIA
PARENT PERMISSION FORM
Under 18years of age

I, the parent/guardian of _____
give permission to my child to become a member of Youth Crime Watch of
Nigeria

I understand that before any child goes on field trip, they will be trained and
must have my signature on file giving them permission to do so.

I will not hold Youth Crime Watch of Nigeria or
_____ responsible if my child
does not follow the rules and/or requirements of Youth Crime Watch of
Nigeria.

If any Youth Crime Watch of Nigeria rules and requirements are not met, I
understand that my child may be removed from membership of Youth Crime
Watch of Nigeria.

Parent/Guardian Signature

Date

For Official Use Only

Name: _____ **Designation:** _____

Signature: _____ **Date:** _____ **Time** _____