

**Rock Hour Community Parental Permission Slip**

I, \_\_\_\_\_ certify that I am the parent or legal guardian of  
Rock Hour Community applicant/member \_\_\_\_\_ and that he/she  
has my permission to participate in the Rock County time bank, Rock Hour Community.

I also certify that I take responsibility for monitoring his/her participation in Rock Hour Community.

Signed

Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Rock Hour Community personnel

**Rock Hour Community Parental Permission Slip**

I, \_\_\_\_\_ certify that I am the parent or legal guardian of  
Rock Hour Community applicant/member \_\_\_\_\_ and that he/she  
has my permission to participate in the Rock County time bank, Rock Hour Community.

I also certify that I take responsibility for monitoring his/her participation in Rock Hour Community.

Signed

Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Rock Hour Community personnel