

RE-PLAY GAMES

544 University Park Dr. Regina, Sask. (306) 206-1800

I, _____,
Parent/Guardian (please print)

Hereby give permission for my child/children to play or purchase ESRB "M" Mature Rated Games*.

Please Print Clearly

Name

1) _____

Age: _____

2) _____

Age: _____

3) _____

Age: _____

4) _____

Age: _____

Signature of Parent/Guardian

Date

Phone Number of Parent/Guardian

Emergency Contact Number

***Parent/Guardian MUST be present at the time the permission form is handed in.**

Re-Play Games Employee Use

Permission Verified?

Employee

Date