

WILMINGTON POLICE DEPARTMENT

1 Adelaide Street Wilmington, Massachusetts 01887

Business Calls: 978 658-5071 * Fax: 978 658-0035

R.A.D. CONSENT FORM

I _____ being the parent or guardian of the below mentioned minor female, do hereby give permission for _____ to participate in the Rape Aggression Defense Systems training being offered by the Wilmington police department. I understand that there will be lecture as well as physical skills training involved in this program.

Printed Name _____

Address _____

Contact Number _____

Signature _____

Date: _____