

Activity Information and Parental Permission Form – Shooting

Written parental permission is needed before a young person can take part in this activity

Upper section to be completed by Leader.

Lower section to be filled in by parent or guardian and returned to Leader.

Name of Unit or Section: _____

Activity Information: *(please tick the appropriate box)*

- Air rifle shooting Clay pigeon shooting Rifle shooting
 Air pistol shooting Shotguns on a range Laser clay shooting

Other *(please specify)*: _____

Date or period _____

Administrative Information:

Start Time _____ Finish Time _____

Place: _____ Is transport provided? YES/NO

Cost _____ Cheque payable to _____

Additional information

Emergency contact telephone No. _____

Leader: _____ Contact details: _____

If any additional information is required please do not hesitate to contact the Leader of the activity.

Parent or Guardian's consent

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for:

_____ (name of young person) to take part in
_____ (proposed activity)

Please state if he/she has a disability or medical condition relevant to this activity:

Please indicate details of any medical treatment they are receiving at the moment:

I am *able/unable* to provide transport *(delete as appropriate)*

I enclose a fee of _____

Contact details in the event of an emergency: _____

_____ Tel: _____

Name _____ Signature _____ Date _____