



PARENTAL CONSENT FORM - SHOOTING ACTIVITIES

PLEASE NOTE: SPECIFIC PARENTAL PERMISSION IS NEEDED BEFORE A YOUNG PERSON CAN TAKE PART IN THIS ACTIVITY

Upper section to be completed by Leader in charge of the activity.

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

Name of Section: _____

Proposed activity:

(please tick the appropriate box)

- Air rifle shooting
- Air pistol shooting
- Clay pigeon shooting
- Shotguns on a range
- Laser clay shooting
- Rifle shooting
- Other (please specify) _____

Date _____ Start Time _____ Finish Time _____

Cost _____ Cheque payable to _____

Is transport required? YES/NO

Additional information _____

Home contact and telephone no. _____

Leader: _____ Signature _____ Date _____

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

Parent or Guardian's consent

I have noted the arrangements and give permission for _____ (name of young person)

to take part in _____ (activity proposed)

Please state if your son / daughter has a disability or condition which may be affected by 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 _____

Name _____ Signature _____ Date _____