

# 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)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Air rifle shooting                    | <input type="checkbox"/> Clay pigeon shooting | <input type="checkbox"/> Rifle shooting      |
| <input type="checkbox"/> Air pistol shooting                   | <input type="checkbox"/> Shotguns on a range  | <input type="checkbox"/> Laser clay shooting |
| <input type="checkbox"/> Other <i>(please specify)</i> : _____ |   |  |

Date or period \_\_\_\_\_

## Administrative Information:

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Place: \_\_\_\_\_

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:

\_\_\_\_\_

Contact details in the event of an emergency: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_