

# 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	
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## 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)*:

## Administrative Information

Date or period			
Start Time		Finish Time	
Place			Is transport provided? YES/NO
Cost		Cheque payable to	
Additional information			
Emergency contact 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 the young person named below to take part in the activity named below:

Young Person			
Activity			
Any disability or medical condition relevant to this activity:			
Any medical treatment they are receiving at the moment:			
Contact details in an emergency			
I enclose a fee of			
Signature		Date	