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 the Leader in charge of the activity.
Lower section to be filled in by parent or guardian and returned to Leader.

Name of Section: 1St Shawbury Air Scouts

Proposed activity: AIR RIFLE SHOOTING

Date: 26/6/10 to 27/6/10 Start Time: 8:00 Finish Time: 18:00

Cost: Not Applicable Cheque Payable to: Not Applicable

Transport Arrangements: Not Applicable

Additional Information: Shooting activity at District camp, Sharratt's Wood, Staff's

Emergency Contact Telephone No: 07720 080580

Scout Leader: Phil Berridge Signature: _____ Date: 25/6/10

If any additional information is required, please do not hesitate to contact the Scout Leader.

Parent or Guardian's Consent (Before signing your attention is drawn to the extracts from the Firearms Act 1968, a copy of which is available to read from the Leaders).

I, being the parent/guardian of the person named below, declare that he/she is not subject to restrictions by virtue of the regulations set out in Section 21 of the Firearms Act 1968 (extract available as noted above) and hereby give permission for:

Name of Scout: _____

To take part in: Air Rifle Shooting.

Please state if he/she has a disability or condition which may be affected by this activity:

_____

_____