



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: 12th March 2010 Start Time: 7:30 Finish Time: 9:30

Cost: Not Applicable Cheque Payable to: Not Applicable

Transport Arrangements: Not Applicable

Additional Information: Shawbury Scout and Guide Centre

Emergency Contact Telephone No: 07720 080580

Scout Leader: Phil Berridge Signature: _____ Date: _____

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:

Please indicate details of any medical treatment he/she is receiving at the moment:

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

I enclose a fee of: £ Not applicable

Contact details in the event of an emergency: _____

Telephone: _____

Name: _____ Signature: _____ Date: _____