

301 Kingshurst Scouts Shooting Consent Form

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: **301st Kingshurst Scout Group**

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): _____

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: _____