



CHILDS NAME: _____

AGE: _____ D.O.B. _____

GRADE: _____ SCHOOL: _____

Parent info:

MOMS NAME: _____ PHONE NUMBER: _____

DADS NAME: _____ PHONE NUMBER: _____

BEST EMAIL TO USE: _____

ALLERGIES / MEDICAL CONDITIONS / SPECIAL NEEDS:

ANYTHING SPECIAL WE SHOULD KNOW ABOUT YOUR CHILD:

ATTENTION: THERE WILL BE TIMES WHEN A COACH MAY NEED TO "TOUCH" YOUR CHILD FOR PROPER POSITIONING & STANCE

PARENTS - SIGN ON BEHALF OF YOUR CHILD

YOU AGREE TO THE RANGE RULES. _____ SIGN

YOU AGREE TO BE COACHED IF YOU'RE SHOOTING UNSAFELY. ____ int

YOU UNDERSTAND YOU MAY BE ASKED TO LEAVE IF YOU ARE ACTING IN AN UNSAFE MANNER FOR YOURSELF, OTHERS OR THE PROPERTY.

_____ SIGN

