



CAMP

PARENTAL SHOOTING SPORTS PERMISSION SLIP

This permission form must be completed by the participant's parent or legal guardian prior to any shooting activity.

Name of Participant _____

Address _____

City _____ Age _____

I hereby grant my consent to Twin Valley Council staff and to its representatives including Range Officers and Instructors and others serving in these positions, to furnish my child with archery equipment and sling shot equipment and provide instruction as to their safe and proper use.

I understand this document will be kept and maintained by the Twin Valley Council or its representatives including Range Officers and Instructors.

I further understand that any modification of this form will result in its not being accepted by Twin Valley Council, Range Officers and Instructors.

I certify that I am the parent of the above mentioned participants with full parental rights or the legal guardian of this child.

Signature of Parent or Legal Guardian:

Date: _____