**Activity Information and Parental Permission Form – Target Shooting**

Written parental permission is needed before a young person can take part in this activity

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date or dates of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Information:** *Please tick the appropriate box(es)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Air rifle shooting | □ | Clay pigeon shooting | □ | Rifle shooting | □ |
| Air pistol shooting | □ | Target shotgun shooting (Shotguns on a range) | □ | Laser shooting | □ |
| Muzzle loadedpistol shooting | □ | Sport Crossbow shooting | □ |  |  |



**Parent or Guardian's consent**

I, being the parent/guardian of the young person named above, 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 been sentenced to a term of imprisonment or youth custody) and give permission for

him/her to take part in the activities identified above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_