



## Activity Information and Parental Permission Form – Shooting

### Activity Information

Air Rifle Shooting

Place 8<sup>th</sup> Letchworth HQ

Date

### Parent/Guardian 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 air rifle shooting

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\_\_\_\_\_

\_\_\_\_\_

Name\_\_\_\_\_Signature\_\_\_\_\_

Date\_\_\_\_\_