



## 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               | <input type="checkbox"/> | Clay pigeon shooting                             | <input type="checkbox"/> | Rifle shooting      | <input type="checkbox"/> |
| Air pistol shooting              | <input type="checkbox"/> | Target shotgun shooting<br>(Shotguns on a range) | <input type="checkbox"/> | Laser clay shooting | <input type="checkbox"/> |
| Muzzle loaded<br>pistol shooting | <input type="checkbox"/> | Sport Crossbow<br>shooting                       | <input type="checkbox"/> |                     |                          |

---

### 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: \_\_\_\_\_

**Blackpool District Scout Council**

[www.blackpoolscouts.org.uk](http://www.blackpoolscouts.org.uk)  
[info@blackpoolscouts.org.uk](mailto:info@blackpoolscouts.org.uk)

 /blackpoolscouts

 @blackpoolscouts