

# Target Shooting

## Activity Information and Permission Form

Written parent/guardian permission is needed before a young person can take part in this activity.

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

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

Date(s) of activity: \_\_\_\_\_

### Activity Information

Please tick the appropriate box(es)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 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 pistol<br>shooting | <input type="checkbox"/> Sport Crossbow shooting                          |  |

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### Parent/Guardian 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: \_\_\_\_\_