

PA Youth Hunter Education Challenge REGISTRATION FORM

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PHONE (INCL AREA CODE) ()	DOB (MM / DD / YY) / /
ADDRESS: STREET or PO BOX ZIP			CITY	STATE	

PARTICIPANTS

<input type="checkbox"/> JUNIOR or SENIOR <input type="checkbox"/>		<input type="checkbox"/> INDIVIDUAL or TEAM <input type="checkbox"/>	
IF TEAM:	TEAM NAME	COACH'S NAME	
COPIES OF BIRTH CERTIFICATE & HUNTER ED CERT CARD ATTACHED (required) <input type="checkbox"/>			
SHOTGUN AMMO:	<input type="checkbox"/> 12 GAUGE	<input type="checkbox"/> 20 GAUGE	SHIRT SIZE: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>

COACHES

<input type="checkbox"/> JUNIOR or SENIOR <input type="checkbox"/>	TEAM NAME:
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EMERGENCY INFORMATION

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE	RELIGION
DO YOU WEAR GLASSES OR CONTACTS: <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS <input type="checkbox"/> NEITHER					
PHYSICAL DISABILITIES OR LIMITATIONS:					
MEDICATIONS ALLERGIC TO:			MEDICATIONS TAKING:		
CONTACT:	NAME/S	RELATIONSHIP	HOME PHONE	CELL PHONE	
PHYSICIAN:	NAME		PHONE		

I, THE PARENT OR LEGAL GUARDIAN, GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT OF
FOR ILLNESS OR ACCIDENT IF I CANNOT FIRST BE CONTACTED.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE: _____

LIABILITY / MEDICAL RELEASE

IF INJURED WHILE TRAVELING TO OR FROM, OR WHILE RESIDING AT AND PARTICIPATING IN PROGRAMS OF THE NRA STATE YOUTH HUNTER EDUCATION CHALLENGE OR ANY AUXILIARY FACILITIES; (1) I AGREE TO WAIVE ANY LEGAL CLAIM AGAINST THE NRA AND ITS OFFICERS, EMPLOYEES, AGENTS, SERVANTS, STATE LEVEL SPONSORS, AND MY STATE. I HEREBY EXPRESSLY ASSUME ANY AND ALL RISKS ASSOCIATED WITH THE ACTIVITIES CONTEMPLATED HEREUNDER, INCLUDING, BUT NOT LIMITED TO, ANY AND ALL RISKS ASSOCIATED WITH THE DISCHARGE OF FIREARMS, HUNTING AND OTHER OUTDOOR ACTIVITIES. I AGREE TO INDEMNIFY AND HOLD HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, EXPENSES, DAMAGES, INJURIES, AND LIABILITIES AND CLAIMS ENSUING OUT OF OR RELATING TO MY BREACH OF THIS RELEASE OR ANY ACT OR OMISSION OF MYSELF WHATSOEVER, (2) I HEREBY GIVE CONSENT FOR THE NRA STATE LEVEL SPONSOR TO PROVIDE MEDICAL / ATHLETIC TRAINING ATTENTIONS, TRANSPORTATION AND EMERGENCY MEDICAL SERVICES AS WARRANTED. IF THE PROGRAM INCLUDES PHYSIOLOGICAL AND / OR BIOMECHANICAL EVALUATIONS, FURTHER CONSENT IS GIVEN TO THESE EVALUATIONS WHICH POSE NO UNUSUAL RISKS OR HAZARDS WHEN CUSTOMARY SAFEGUARDS ARE OBSERVED. IN SIGNING THIS RELEASE, IT IS SWORN THAT I AM IN GOOD PHYSICAL CONDITION AND AM NOT AWARE OF ANY DISEASE OR INJURY THAT WOULD RESULT IN INJURY DURING PROGRAM PARTICIPATION. IF LESS THAN 18 YEARS OF AGE OR MINOR UNDER THE LAWS OF THE STATE WHERE I LIVE, A PARENT OR LEGAL GUARDIAN SHALL SIGN THIS RELEASE.

I UNDERSTAND THAT AS A REGISTERED PARTICIPANT OF THE NRA YOUTH HUNTER EDUCATION CHALLENGE, I WILL NOT POSSESS OR CONSUME ALCOHOLIC BEVERAGES OR ILLEGAL DRUGS ON THE PREMISES. I FURTHER UNDERSTAND AND AGREE TO ABIDE BY THE GENERAL RULES OF CONDUCT PRESCRIBED FOR GUESTS OF THE NRA STATE LEVEL YHEC AND THAT VIOLATIONS MAY AND WILL RESULT IN A DENIAL OF NRA YHEC PRIVILEGES.

INDIVIDUAL'S SIGNATURE _____ DATE _____

PARENT OR GUARDIAN SIGNATURE (IF REQUIRED) _____ DATE _____

ATHLETIC RELEASE AND CODE

I, _____, AGREE TO PARTICIPATE IN THIS YEARS NRA STATE YOUTH HUNTER EDUCATION CHALLENGE EVENTS. IT IS UNDERSTOOD THAT EACH PERSON PARTICIPATING IN YHEC EVENTS WILL: (1) PARTICIPATE FULLY IN ALL ACTIVITIES, (2) EXHIBIT BEHAVIOR ABOVE REPROACH AT ALL TIMES, AND (3) FULLY COOPERATE AND COMPLY WITH ALL RULES AND REGULATIONS ESTABLISHED BY THE YHEC STATE PROGRAM STAFF, EMPLOYEES, AGENTS AND SERVANTS. IT IS FURTHER UNDERSTOOD THAT ANY BREACH OF THIS CODE MAY AND WILL BE CAUSE FOR IMMEDIATE AND PERMANENT EXPULSION FROM THE NRA YHEC EVENT.

INDIVIDUAL'S SIGNATURE _____ DATE _____

PARENT OR GUARDIAN SIGNATURE (IF REQUIRED) _____ DATE _____