**Discipline:** _____
*(Complete a separate form for each discipline)*

## WALWORTH COUNTY 4-H SHOOTING SPORTS PROGRAM
# PERMISSION STATEMENT

*Note: This form must be turned in at the time of your first district practice.*

Name of Youth: _____ Grade *(as of January 1 of current year)*:_____

Mailing Address:_____E-Mail _____

City: _____ State: _____ Zip: _____

4-H Club: _____ Phone: (_____)_____

DNR Customer I.D. Number *(if Hunter Safety Certified)*: _____

I hereby give permission for my child to be involved in the Walworth County 4-H Shooting Sports program. I understand that my child will be working around and shooting with live ammunition and/or arrows. Youth may be asked to participate in physical exercise relating to shooting sports.

I also release the University of Wisconsin-Extension, its employees and volunteer 4-H leader(s) from any financial responsibility for sickness/accident to him/her while in transit to, transit from, and in attendance at any of the shooting sports meetings, practices, or events. I hereby authorize the event's responsible person to incur expense considered necessary to insure prompt attention in case of serious sickness/accident. I agree to pay for necessary expenses incurred, if these are not covered by an accident/sickness insurance policy.

I also understand that during the course of shooting sports training, it may be necessary to position my child to demonstrate such topics as live firing, shooting positions, correct stance, different carries, and basic gun handling.

Additionally, I hereby give consent to the official in charge to use reasonable disciplinary action with my son/daughter while in a shooting sports activity.

Signed: _____
*(Parent or Guardian)*

Date: _____

Name of Doctor: _____

Telephone Number: _____

***This form must be completed and turned in to your instructor prior to participating in your first shooting practice. A separate form will be required by each instructor/discipline with which your child works.***

**PARENTS:**

Would you be willing to help out at local practices**?** Yes No

**Name:** _____ **Phone:** _____