



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
(Shotguns on a range) | <input type="checkbox"/> | Laser clay shooting | <input type="checkbox"/> |
| Muzzle loaded
pistol shooting | <input type="checkbox"/> | Sport Crossbow
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: _____