



## **Registration Form**

A Registration form is to be completed for each participant.

Parent/Carer Name
Address
Postcode
Contact No
Email address
Childs Name Dob Date of activity day
Does the child have any Medical Conditions or Allergies? YES NO
If so, please detail here
Please specify any allergies or dietary needs below
TO BE READ AND COMPLETED BY THE PARENT/GUARDIAN
SECTION 21
By signing this form, I declare that I am not a person prohibited from possessing firearms or ammunition under section 21 of the Firearms Acts 1968-1995. Failure to disclose this information to the contrary could lead to prosecution under the afore mentioned legislation.
PHOTOGRAPHY
Do we have permission for the child named above to be photographed whilst under instruction, for promotional purposes? These maybe used on social media.  YES  NO
PHYSICAL CONTACT
Please be aware that while shooting under instruction, the guiding of a student's arms and shoulders may be necessary, and this may involve physical contact. The instructor will always ask permission to touch before doing so.
We may contact you from time to time via email with information of other events and information that may interest you. Please tick the box if you do not wish to receive this information.
<b>DECLARATION OF CONSENT:</b> I have read and understood all the above and agree the child/children under my care to be coached at this event. I also except complete responsibility for their actions and those of my own during their time at High Lodge.
Signed Print Name Date