



Seminole County Gun and Archery Association Youth-Fest, April 18, 2009 Parental Consent and Registration Form

Participant's Name: _____ Age: _____

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

In consideration that my son/daughter/ward, as named above, will participate in a junior shooting event sponsored by Seminole County Gun and Archery Association, and having the full confidence every precaution will be taken to ensure the safety of my son/daughter/ward while participating, I hereby give my consent for his/her participation and waive any and all claims against the Seminole County Gun and Archery Association and the youth organization in which he/she holds membership, as well as any and all officers, agents, and/or representatives of the involved organization(s). Further, my son/daughter/ward, as named above, will participate in this event as a member of the following group:

and will travel to/from this event with, and be under the supervision of:

_____.

Parent/Guardian signature(s): _____

Date: _____

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FOR GROUP REGISTRATION: Please have the group leader collect a completed & signed **Parental Consent & Registration Form AND Liability Waiver** for each participant. Payment: Send a check for all registration fees along with all completed forms to the address below before April 13, 2009.

FOR INDIVIDUAL PARTICIPANT REGISTRATION: Please send a completed & signed **Parental Consent & Registration Form AND Liability Waiver** for each participant. Payment: Send a fee of \$10 for each participant along with all completed forms to the address below before April 13, 2009.

Please make all checks payable to SCGAA - Youth Fest and mail to the address below:

SCGAA
P. O. Box 2222
Sanford, FL 32772