

4-H Wildlife & Shooting Sports Project Training Registration Form

Name: _____

Address: _____

City/ Zip: _____

Phone Number: _____

Email Address: _____

Club: _____

Grade: _____ Sex: _____

Name of Parents and/ or guardian: _____

____ YES, I grant permission to use photos of my child on the Scott County Shooting Sports/ Wildlife project website and/ or newsletter.

____ No, Please do NOT take or use any photos of my child.

Parental Consent to Use or Discharge Firearms and Behavioral Agreement

My child, _____, has permission to handle and discharge firearms during his/ her participation in the Scott County 4-H Shooting Sports/ Wildlife Project trainings.

YES _____, I understand that if my child is 8th grade or younger that a parent or guardian needs to accompany him/ her to all of the shooting sports trainings for safety purposes.

Parent/ Guardian Name (Please Print): _____

Signature of Parent/ Guardian: _____

