

Activity Information and Parental Permission Form – Target Shooting

Written paren	tal peri	mission is needed before a you	ing perso	on can take part in this activi	ty
Name of child:					
Relevant medical i	inform	nation:			
Date or dates of a		:	appropri	ate box(es)	
	-			, ,	
Air rifle shooting		Clay pigeon shooting		Rifle shooting]
Air pistol shooting		Target shotgun shooting (Shotguns on a range)		Laser clay shooting	J
Muzzle loaded pistol shooting		Sport Crossbow shooting			
		Parent or Guardian's co	onsent		
to restriction by virtue	of Sect	of the young person named abortion 21 of the Firearms Act 196 term of imprisonment or youth the to take part in the activities	8 (which custody	applies only to persons who and give permission for	
Name:		Signature:		Date:	