



## Application to Participate in a 2018 Youth Shotgun Clinic

**Participants must be between 12 - 18 years of age. Applications due on or before June 3, 2018.**

Date of Application _____	Print Name of Student _____	Returning Student? Y / N								
Print Name of Parent/Guardian _____										
Address _____										
Telephone No. (      ) _____	Email Address _____									
Emergency Contact Name _____	Emergency Contact Telephone # (      ) _____									
1. What is the student's shotgun shooting ability? <input type="checkbox"/> Beginner <input type="checkbox"/> Other    Program is designed for beginners.										
2. Has the student participated in any organized shotgun sport such as a league or tournament? <input type="checkbox"/> Yes <input type="checkbox"/> No										
3. Tee Shirt Size ( <i>circle type and size</i> ):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><i>Men</i></td> <td style="width: 25%; text-align: center;"><i>Women</i></td> <td style="width: 25%; text-align: center;"><i>Youth</i></td> <td style="width: 25%;"></td> </tr> <tr> <td style="width: 25%; text-align: center;">S</td> <td style="width: 25%; text-align: center;">M</td> <td style="width: 25%; text-align: center;">L</td> <td style="width: 25%; text-align: center;">XL</td> </tr> </table>	<i>Men</i>	<i>Women</i>	<i>Youth</i>		S	M	L	XL	
<i>Men</i>	<i>Women</i>	<i>Youth</i>								
S	M	L	XL							
The undersigned hereby agrees and understands that the use of firearms is inherently dangerous and that my participation and that of my child in Folsom Shooting Club (FSC) activities is at my sole risk and therefore to the fullest extent permitted by law, agree to hold harmless, defend and indemnify the FSC, its members, staff and any other person(s) in any way connected with the FSC, against any and all claims, loss, damages and/or demands, including all costs (to include attorney fees) arising there from, or in any way connected with my participation in FSC activities. This waiver has no limitation with respect to time and continues until such time as participant is no longer active with the FSC and its related organizations or individuals. By signing this application you are agreeing to your child's participant in the Youth Shotgun Clinic and abide by the established rules and procedures. The information and instructions is provided on separate paper at the time of making application.										
Signature of Parent/Guardian _____										
<b>Please read the separate Information and Instruction sheet.</b>										

Sacramento Valley Shooting Center Mailing Address, PO Box 1407, Sloughouse, CA 95683.  
 Located at 15501 Meiss Road Sloughouse CA

Date / Time Stamp for Range Staff only: