



Currituck Hunter Safety Team



Student Authorization - Consent Form - Medical Information

Student's Name: (print) _____

Address: _____ Student Phone Number _____

School Attending: _____ Grade: _____ Age: _____

HUNTER SAFETY COURSE: ____ YES (attached copy of Hunter Safety Card) * REQUIRED

Program Objectives:

1. To teach safe and responsible use of firearms and archery equipment including sound decision making, self-discipline and concentration.
2. Promote the highest standard of safety, sportsmanship and ethical behavior.
3. To expose members to the broad array of vocational related shooting sports and life-long appreciation of the sports.

I, the undersigned student and team member will follow all safety rules, range etiquette and the school's student code of conduct. Students not complying with the rules will be released immediately from the program.

Student Signature _____ Date: _____

Parents:

I authorize the use of photographs of my child while attending or participating in the shooting sports program or related events for educational or media purpose in promotion of the Currituck Hunter Safety program, as well as recognizing student achievement.

_____ YES, I approve _____ No, I do not approve

I, the undersigned parent/guardian of the student listed named above recognize the dangers present in the shooting sports discipline. I also understand, due to the nature of the program a strict following of range safety and code of conduct is required. Students not complying with the rules will be released immediately from the program.

Parent/Guardian Name: (print) _____

Parent's Signature: _____ Date: _____

Contact Number: _____ Emergency Contact Number: _____

Student Medical Information:

Medical Insurance Provider: _____ Policy # _____

Medical Needs: N/Y - if Yes please list here _____

Allergies: N/Y - if Yes please list here _____

Medications: N/Y - if Yes please list here _____

Other needs: _____