



**Activity Information and Parental Permission Form – Target Shooting**

Written parental permission is needed before a young person can take part in this activity

Name of young person: \_\_\_\_\_

Relevant medical information: \_\_\_\_\_

\_\_\_\_\_

Date or dates of activity: \_\_\_\_\_

**Activity Information:**

**Air rifle shooting**

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**Parent or Guardian's consent**

I, being the parent/guardian of the young person named above, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have been sentenced to a term of imprisonment or youth custody) and give permission for him/her to take part in the activities identified above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_