



1st Pontnewydd Shooting Club



Dear Parent/Guardian,



Please read this form carefully. We are going to be holding shooting activities in the hut as we have a new shooting range. For your son/daughter to participate you must fill in and return the form below. The activity of shooting will be held once every couple of months and at various scouting events such as district and summer camps. This therefore is a blanket permissions letter to cover all these events. If at any time you wish to prevent your son/daughter participating please ask for another form from any of the leaders, the same is true for any other information you require.



Please keep your son/daughters medical forms up-to-date (ask for forms).

Parent/Guardian Consent



I, being the parent/guardian of the person named below, 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 served a term of imprisonment or youth custody) and give permission for:



_____ (name of young person)

to take part in the activity of AIR RIFLE SHOOTING with 1st Pontnewydd Scout Group at various times and locations under the supervision of qualified NSRA Range Officers.



Please state if he/she has a disability or medical condition relevant to this activity:



Please indicate details of any medical treatment they are receiving at the moment:

Contact details in the event of an emergency:

I would like to offer support at events when possible (email/tel no):

Name: _____ Signature: _____ Date: _____



Sections:
Beavers (6 - 8 Yrs)
Cubs (8 - 10.5 Yrs)
Scouts (10 - 14 Yrs)

1st Pontnewydd Scout Group
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Cwmbran
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