



MARKSMANSHIP

NEAL THOMAS JR. CENTENNIAL POST 209 JUNIOR SHOOTING SPORTS PROGRAM REGISTRATION FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Parent/Guardian Name: _____

Is Parent or Guardian a member of Post 209? Yes _____ No: _____

Do you have any of the following?

Hunter Safety Card: Yes _____ No _____ if yes, number _____

Gun Safety Program: Yes _____ No _____ if yes, please fill out the following.

Course Type: _____ Date of course: _____

Location of course: _____

Are you taking any medications, or do you have any special needs? Yes _____ No _____
if yes, please list _____

It is understood that my child will be shooting firearms, participating in firearm related activities, and that all Safety Precautions will be taken. Therefore, I will hold harmless and free of any liability The American Legion, Neal Thomas Jr. Centennial Post #209, all Instructors, and Coaches. Further, I give my consent for my child to participate in The American Legion Post #209 Shooting Sports Program and related activities. I understand that photos may be taken of my child and I give permission for them to be used by The American Legion for promotion of The American Legion programs.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ Date: _____

A signed application must be on file prior to participation. Return this application, \$30.00 fee to:

Jesse Wade
Junior Shooting Sports Program, Neal Thomas Jr. Centennial Post 209
3613 Jeannine DR
Colorado Springs, CO 80917