



## Junior Airgun Program

YOUTH NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(PRINT) (DD/MM/YR)

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(PARENT EMAIL IF UNDER 18)

PHONE: (H) \_\_\_\_\_ (cell) \_\_\_\_\_

PROVINCIAL HEALTH CARD # \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_  
(PRINT)

SASKATOON WILDLIFE MEMBERSHIP FEE (\$50 / \$110+tax / \$135+tax)	\$ _____
AIR GUN PROGRAM FEE \$200 (each)	\$ _____
SASK TARGET SHOOTING MEMBERSHIP (\$25)	\$ _____
<b><i>Cheques Payable to SRRC Junior Program</i></b>	<b>TOTAL</b> \$ _____
FOR OFFICE USE ONLY	

How did you hear about our program:

<i>SWF Website</i>	<i>Community Newsletter</i>
<i>Word of Mouth</i>	<i>Leisure Guide</i>
<i>Sports &amp; Leisure Show</i>	<i>Other</i> _____
<i>Returning</i>	

### CONSENT TO PARTICIPATE:

I understand that participation in Saskatoon Rifle & Revolver Club, Junior Program, is voluntary and may involve a certain degree of risk. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to become a member of Saskatoon Rifle & Revolver Club, Junior Program and participate fully in its activities.

Signature of Athlete (over18)/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_