

PARENTAL CONSENT TO PARTICIPATE
IN THE PSC JUNIORS PROGRAM

I, as parent or legal guardian of _____, hereby give my written consent for my son / daughter to participate in the Juniors Program at the PSC Shooting Club. This program will consist of classroom training, firing line instruction and live shooting of rifles, pistols, shotguns and archery equipment. Participants will meet approximately once per month at the PSC range in Friendswood.

Parent / Guardian Signature and Date

Background Information on Participant

Child's First Name _____ Age _____
Child's Last Name _____ Birth Date _____

Address: Number and Street _____
 City or Town _____

 Zip Code _____

Home Telephone Number _____

E-Mail Address * _____

* Please note that a correct, readable e-mail address is very important because the primary communication notices will be via direct e-mail. Make sure the e-mail address is written clearly.

