Parental Holster Authorization

Ī	, am a parent or legal guardian of the minor
child/children set forth below (hereinafter referred to	
child's YAPL coach has recommended that my child be allowed to use a holster in all YAPL training	
events as well as YAPL matches. This means that	_
holster, firing at targets, and reholstering a loaded ha	
my child exercise proper trigger-finger and muzzle	
result in serious injury or death.	discipline and that his of her familie to do so could
Based upon my personal observation of my	child's performance with firearms, I agree that my
child has mastered the skills necessary to safely use	a holster and handgun as described in the preceding
paragraph. Therefore, I hereby authorize my child	to participate in YAPL training events and matches
that require the drawing and reholstering of a loaded	handgun from his or her holster. This authorization
shall remain in full force and effect until revoked in	writing and sent by certified mail to YAPL c/o PSC
Shooting Club, Inc., PO Box 528, Friendswood, TX	77549-0528.
	Parent's Signature
	Parent's Printed Name
	/
	Date
Child/Children:	
Child's Name (Please print) Ch	aild's Date of Birth
Child's Name (Please print) Ch	aild's Date of Birth
Child's Name (Please print) Ch	ild's Date of Birth

Child's Date of Birth

Child's Name (Please print)