

### **Activity Information and Parental Permission Form – Shooting**

Written parental permission is needed before a young person can take part in this activity

Upper section to be completed by Leader.

Lower section to be filled in by parent or guardian and returned to Leader.

**Name of Unit or Section:**

2nd penparcau scout group (scouts)

**Activity Information:**

Air rifle shooting

**Date or period**

<insert date(s)>

**Administrative Information:**

**Leader in Charge:**

If any additional information is required, please do not hesitate to contact the Leader of the activity.

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**Parent or Guardian's 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  
Air Rifle Shooting at Cwmnewyddion site

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:

Tel:

Name:

Signature:

Date:

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