



Participant / Student Information

This registration is required for all participants.

This form must be on file at the State Coordinators office prior to any practices. Failure to fill out this form will disqualify the participant from any insurance or team events. Mail forms to 2 Natural Resources Drive, Little Rock, AR 72205

Please print. Fill out one per participant.

Division	<input type="checkbox"/> Junior (grades 6-8) <input type="checkbox"/> Senior (grades 9-12)
Participant/Student Name	
Address	Street/P.O.
	City Zip
Phone Number	Cell
E-mail Address (please print)	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth / /
	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
Parent/Guardian Name	
Phone Number	Cell
Insurance Provider	
12 or 20 Gauge	
Head Coach Name	
Team Name	

Student's Signature _____ Date _____

***A signed Participant's Waiver of Liability Release must accompany this form.**

For official use only:



Participant's Waiver of Liability Release and Assumption of Risk

Dear Parent,

Your child has indicated an interest in participating in the Arkansas Youth Shooting Sports Program sponsored by the Arkansas Game and Fish Commission. We know that it is your wish as well as ours that every precaution is taken to protect our participants from injury. We do our utmost to promote this by proper training, by the use of protective equipment, and by encouraging good safety habits.

Accidents do happen in athletic events as elsewhere. Although the Arkansas Game and Fish Commission provides health and accident insurance for the Arkansas Youth Shooting Sports Program, we recommend that each participant be insured with your own personal family insurance.

Playing, practicing, or participating in trap shooting, like other sports, involves a risk of injury. There is a further risk of injury from the use of firearms. The undersigned acknowledges, understands, and accepts the risks of injuries to the participant's person. The dangers and risks include, but are not limited to: death, serious bodily injury from a firearm, injury to muscles, bones, joints, ligaments, tendons, and other aspects of the muscular system and other areas of the body. The undersigned further acknowledges that there may be risks and dangers not known to us or unforeseeable at this time and assumes those risks.

The undersigned gives his or her full consent to the participant indicated below to participate in the Arkansas Youth Shooting Sports Program and agrees to waive, release, discharge, and hold harmless the Arkansas Game and Fish Commission for any claims, damages, costs, fees, or causes of action resulting from accidents or injuries sustained during participation in any Arkansas Youth Shooting Sports Program activity. This waiver is executed on behalf of the participant noted below, the parents or guardians, their heirs, successors, executors, administrators, and assigns.

The undersigned hereby certifies that the participant noted below is fully capable of participating in the Arkansas Youth Shooting Sports Program and that he or she has no physical or mental disabilities or infirmities that would restrict full participation in Arkansas Youth Shooting Sports Program activities, except as made known to coaches and officials.

The laws of the State of Arkansas shall apply to this waiver and consent, as well as any legal question relating to the Arkansas Youth Shooting Sports Program. If the law of the State of Arkansas renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the fullest extent. The undersigned acknowledges that he or she has fully and carefully read the terms of this waiver and consent and agrees thereto.

Participant Name (Please Print)

Signature of Parent or Guardian

Parent's or Guardian's Name (Please Print)

Date