



## Junior Basic Rifle Course Registration Form

(Please print clearly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Students email address: \_\_\_\_\_

Parents email address: \_\_\_\_\_

NRA #: \_\_\_\_\_ NYSRPA #: \_\_\_\_\_

Briefly describe prior shooting experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Course Name: Junior NRA Basic Rifle Course

Course Date: \_\_\_\_\_ Course Fee: \$50.00

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### **Parental Consent for Minor to Use the Jamestown Rifle Club Range Facilities**

*Contact Person In Case Of Emergency*

Name: \_\_\_\_\_ **(Please Print Clearly)**

This is to certify that I, as Parent/Guardian with legal responsibility for the above named minor, do consent and agree to his/her use of the range facilities. I hereby give my consent and permission for the above named minor to temporarily possess rifles and ammunition while shooting at the Jamestown Rifle Club ranges.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date