

2025 Yellow River Youth Trap League
Sponsored by Chippewa County 4-H Shooting Sports
REGISTRATION AND PERMISSION STATEMENT
Initial Training Date: June 4th, 2025
Registration Deadline: June 4th, 2025

Youth Name _____

Address _____ City, State, Zip _____

Email address (please provide if available) _____

Age (as of 6/4/2025) _____ Phone # _____

I hereby give permission for my child to be involved in the 2025 Chippewa County 4-H Shotgun Program and/or Training Day. I understand that my child will be working around and shooting with live ammunition using shotguns.

I release the University of Wisconsin-Extension, its employees and volunteer 4-H leader(s) from any financial responsibility for sickness or accident to my child while in transit to or from, and in attendance at this Shooting Sports event. I hereby authorize the event's responsible person to incur expense considered necessary to insure prompt attention in case of serious sickness/accident. I agree to pay for necessary expenses incurred, if this is not covered by an accident/sickness insurance policy.

I understand that I must provide adequate eye protection for my child with safety glasses. I understand that all NRA range and safety rules will be followed.

I also understand that during the course of Shooting Sports training, it may be necessary to position my child to demonstrate such topics as live firing, shooting positions, correct stance, different carries, and basic gun handling.

I authorize the use of photographs or videos of my child, my family, and myself while attending or participating in the Shooting Sports program for educational or media purposes.

Additionally, I hereby give consent to the officer in charge to use reasonable disciplinary action with my child(ren) while in a Shooting Sports activity.

Parent/Guardian Signature

Participant Signature

Date