

# New Franken Sportsmen's Club Youth Trap League

## Participant Waiver

I, \_\_\_\_\_ certify I am the parent, guardian or custodian of  
(print name of parent, guardian or custodian)

\_\_\_\_\_  
(print name of participant/s)

\_\_\_\_\_  
(print name of participant)

\_\_\_\_\_  
(print name of participant)

I authorize and consent for my child to participate in the Youth Trap Shooting program at the New Franken Sportsmen's Club. I understand my child will be under adult instruction and/or supervision while trapshooting.

Please provide contact information.

Phone # \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Gaurdian)

Date \_\_\_\_\_