

2009
MISSOURI YOUTH HUNTER EDUCATION CHALLENGE
VOLUNTEER STAFF REGISTRATION
June 12 - 14

Please Print Clearly

Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Email? _____

Missouri Department of Conservation employee? Title _____

I can help: ___ Friday morning set-up at United Sportsman's Club

___ Friday afternoon: ___ Archery
 (*Check one*) ___ Muzzleloader

___ Saturday: ___ .22 Rifle
 (*Check one*) ___ Sporting Clays (Saturday only event)
 ___ Archery
 ___ Wildlife Identification (limited staff needs)
 ___ Responsibility Exam (limited staff needs, morning only)
 ___ Muzzleloader
 ___ Hunter Safety Trail
 ___ Orienteering (afternoon only)
 ___ Concession
 ___ Use me anywhere

___ Sunday: ___ Orienteering
 (*Check one*) ___ Archery
 ___ .22 Rifle
 ___ Muzzleloader
 ___ Hunter Safety Trail
 ___ Concession
 ___ Use me anywhere

AGREEMENT:

I understand and agree to abide by the rules of conduct prescribed in the official Rule Book and that any violation(s) can result in a denial of volunteer privileges and service opportunities. I also agree that, if necessary, emergency medical assistance may be provided for my benefit. I hereby give consent for Missouri YHEC to provide medical attentions, transportation, and emergency medical services as warranted. In signing this agreement, I declare that I am in good physical condition and I am not aware of any disease or injury that would result in injury during participation in this program.

Signature _____ Date _____

Return this form to: Missouri YHEC, PO BOX 189 Fair Grove, Mo 65648