

Missouri Youth Hunter Education Challenge 2010 State Championship Registration

June 11– 13 United Sportsman's Club, Jefferson City, MO

Please Print Clearly:

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Sex: ___ **M** or ___ **F** Birth date: Mo. ___ Day ___ Year _____ My age on August 1, 2010 _____

Division: Jr. ___ (I'm under age 15) If Junior participating as a Senior, check here _____
Sr. ___ (I'm age 15 or over)

My **REQUIRED** adult coach or sponsor is: _____

My phone number (_____) _____ - _____

My adult T-shirt size _____ My shotgun gauge _____
(S M L XL 2XL 3XL) (20 or 12 ga.)

You may email or call to verify receipt of registration: cvojdbrooks@aol.com or **417-759-7646**

PERMISSION AND ATHLETIC CODE AGREEMENT

I, (check one) the ___ participant, ___ parent, or ___ legal guardian, give permission for myself, my son, or daughter, to participate in this year's Missouri State Youth Hunter Education Challenge Championship program. It is understood that each person participating in this YHEC program will: (1) participate fully in all activities, (2) exhibit behavior above reproach at all times, and (3) fully cooperate and comply with all rules and regulations established by the Missouri State YHEC program director, staff, and agents. It is further understood that any breach of this code may and will be cause for immediate and permanent expulsion from all Missouri Youth Hunter Education Challenge events.

(signer must be age 18 or over):

Print Name _____ Date _____

Signature _____

READ THIS NOTICE: INCOMPLETE, UNSIGNED OR ENTRIES WITHOUT PAYMENT WILL BE RETURNED!

➔ If you did not compete in 2009, we require a copy of your hunter education certification and a copy of your birth certificate.

EMERGENCY CONTACT / MEDICAL HISTORY

Emergency contact: _____

Relationship _____ Telephone: (____) _____ - _____

Physician: _____ Telephone: (____) _____ - _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Are you now taking medication for behavior modification? ___ Yes ___ No

Physical limitations or disabilities: _____

Blood type: _____ (if known) Blood pressure: ___ High ___ Low ___ Normal

Glasses: ___ Yes ___ No Contacts: ___ Yes ___ No

Check any that apply:

Anemia ___ Asthma ___ Diabetes ___ Emphysema ___ Hepatitis ___ Seizures ___ Strokes ___

Liver/Kidney disease ___ Allergies _____ Other _____

Are you allergic to: Penicillin ___ Sulfa ___ Foods ___ Pollens ___ Insect stings _____

Allergic to any other medications? _____

To the best of my knowledge, the above information is true and correct.

I, the parent or legal guardian of _____ give permission for emergency medical treatment of my daughter, or son for illness or accident if I cannot be first contacted.

_____ Date _____

REQUIRED Signature of parent or legal guardian and participant

LIABILITY / MEDICAL RELEASE

If injured while traveling to or from (by public, private, or any other means of conveyance) or while residing at and participating in programs of the Missouri Youth Hunter Education Challenge programs or any auxiliary facilities, (1) participant, coach, volunteer staff member agree to waive any legal claim against the Missouri YHEC program or the NRA, its officers, agents, employees, or sponsors. Participant, coach, or staff member hereby expressly assumes any and all risks associated with the activities contemplated hereunder, including but not limited to, any and all risks associated with the discharge of firearms, hunting, or other outdoor activities. Participant, coach, or volunteer staff member (and their families) agree to indemnify and hold harmless from and against any and all losses, expense, damages, injuries, and liabilities and claims (including attorney's fees, court costs, and settlement costs) arising out of relating to a participant's, coach's, or volunteer staff member's breach of this Release or any act of omission of participant whatsoever, (2) Participant, coach, volunteer staff member hereby gives consent for the Missouri YHEC state sponsor to provide medical/athletic training attentions, transportation, and emergency medical services as warranted. If the program includes physiological and/or biomechanical evaluations, further consent is given to these evaluations, which pose no unusual risks or hazards when customary safeguards are observed. In signing this release, it is sworn that participant, coach, volunteer staff member is in good physical condition and is not aware of any disease or injury that would result in injury during program participation. If less than 18 years of age or minor under the laws of the state in which you live, parent or legal guardian shall sign this release.

I understand that as a registered participant in the Missouri Youth Hunter Education Challenge, I will not possess or consume ALCOHOLIC BEVERAGES, TOBACCO PRODUCTS, or ILLEGAL DRUGS on the premises, I further understand and agree to abide by the general rules of conduct prescribed for guests of the Missouri YHEC and that violations may and will result in a denial of Missouri YHEC privileges.

_____ Date _____
Signature of participant Signature of parent or legal guardian

RETURN THIS FORM AND \$20.00 ENTRY FEE. MUST BE RECEIVED BY MAY 15, 2010
(not postmarked by)

Missouri YHEC
PO BOX 189
Fair Grove, Mo 65648

Make check payable to: Missouri YHEC
DO NOT SEND CASH
Fee is not refundable