

# Missouri Youth Hunter Education Challenge 2018 State Championship Registration

June 8 – 10 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, 2018** \_\_\_\_\_

Division: Im. \_\_\_ (Ages 8 thru 10) Only can participate in non shooting events  
Jr. \_\_\_ (I'm under age 15) If Junior participating as a Senior, check here \_\_\_\_\_  
Sr. \_\_\_ (I'm age 15 or over)

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](mailto:cvojdbrooks@aol.com) or **417-839-0884**

## 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 2017, 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.

\_\_\_\_\_ Signature of participant

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or legal guardian

**RETURN THIS FORM AND \$25.00 ENTRY FEE. MUST BE RECEIVED BY MAY 15, 2018 (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

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2018 State Championship**

**Additional T-Shirt Order Form**

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This form and money must be returned with competitor's entry form and will be delivered with their entry packet at event registration. Note: competitors will receive theirs at no charge. This is just an opportunity to order additional shirts for those wanting shirts for parents and family. Cost is \$12-\$14 per shirt and must be ordered and paid for in advance.

Competitor's Name \_\_\_\_\_

**ADULT SIZES ONLY**

Shirt Size	# ordered	
Adult small	_____	@ \$ 12 = _____
Adult medium	_____	@ \$ 12 = _____
Adult large	_____	@ \$ 12 = _____
Adult X large	_____	@ \$ 12 = _____
Adult XX large	_____	@ \$ 14 = _____
Adult XXX large	_____	@ \$ 14 = _____

Total order amount paid \$ \_\_\_\_\_

***Make check payable to: Missouri YHEC***