
2nd ANNUAL AL GUTCHESS YOUTH TRAP TOURNAMENT REGISTRATION

NAME _____ AGE _____

PARENTS/GARDIANS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE# _____

As the Parent of, or Legal Guardian of, the above name Youth, I hereby give my written consent and permission for said Youth, to participate in the Al Gutches Youth Trap Tournament at the Barrington Rifle Club.

I further agree that the above named Youth is to comply with the following rules / procedures while participating in the tournament:

Participants must comply with all range rules and safety instructions.

Participants must follow any instructions directions given by the NRA instructors/range supervisors or adult supervisors.

No food will be allowed on the ranges.

Waiver of Claims

In consideration of the benefits to be derived from participation in these activities, any and all claims against the Barrington Rifle Club or other officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss of harm to/or incurred or suffered by the applicant named previously or to his or her property in connection with or incidental to the activity are hereby expressly waived by the applicant and the applicant's family or guardians.

Parent/Legal Guardian Signature

Youth Troop Member Signature

PRINTED Name

PRINTED Name

Date Signed

Date Signed

**YOUTH MUST HAVE THIS COMPLETED AND SIGNED SHEET TO
PARTICIPATE IN THE YOUTH TOURNAMENT**