



**Activity Information and Parental Permission Form – Shooting**

Written parental permission is needed before a young person can take part in this activity

**All-Wales Scout Camp, Builth Wells:  
Friday 18<sup>th</sup> - Sunday 20<sup>th</sup> June 2010**

**Activity Information:**

- Air rifle shooting
- Air pistol shooting

**Friday 18<sup>th</sup> – Sunday 20<sup>th</sup> June 2010**

If any additional information is required please do not hesitate to contact the Leader of the activity.

**Parent or Guardian's consent**

I, being the parent/guardian of the person named below, declare that he/she is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for:

\_\_\_\_\_ (name of young person) to take part

in **Air Rifle / Air Pistol shooting at the All-Wales Scout Camp 2010**

Please state if he/she has a disability or medical condition relevant to this activity:

\_\_\_\_\_

Please indicate details of any medical treatment they are receiving at the moment:

\_\_\_\_\_

—

Contact details in the event of an emergency:

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_