

# SHOOTING CAMP APPLICATION

Camp Date: \_\_\_\_\_ Camp Location: \_\_\_\_\_

## **Student Info:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
(last, first) (mm/dd/yy)

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## **Parent/Guardian Info:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(last, first)

Phone: (cell) \_\_\_\_\_ (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## **Liability Waiver**

I/we, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the Camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention for the Camper and for the medical attention to be given and for the Camper to receive medical attention in the event of accident, injury or illness.

I/we, the undersigned, waive, release and forever discharge Larren Silver Shooting Camp, and its staff, officers, agents, and employees of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in Camp activities or while at camp, whether or not damages, injury or loss are due to negligence.

Campers will not be allowed to participate unless the information is submitted and the form signed by parent or guardian of the Camper.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Remit Application to:**  
Larren Silver Shooting Camp  
3525 Forrester Lane  
Waco, Tx 76708