

**2017 YOUTH RIFLE LEAGUE
STOCKBRIDGE SPORTSMEN'S CLUB
REGISTRATION FORM**

PLEASE PRINT CLEARLY

CHILD'S NAME _____

DATE OF BIRTH ___/___/___ PHONE #(S) _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN NAME (S) _____

EMERGENCY CONTACT _____ PHONE# _____

SHIRT SIZE (CIRCLE ONE) YOUTH (S) 6/8 (M) 10/12 (L) 14/16

ADULT SML MED LGE X-LGE

****EYE AND EAR PROTECTION IS REQUIRED AND MUST BE
PROVIDED BY PARTICIPANT****

****ALL INSTRUCTORS ARE TRAINED BY A MASSACHUSETTS CERTIFIED
INSTRUCTOR. A CERTIFIED INSTRUCTOR WILL BE PRESENT AT ALL TIMES****

****DUE TO THE SERIOUSNESS OF THE ACTIVITY, NO HORSEPLAY WILL BE
TOLERATED. IF CONSTANT REMINDERS PERSIST CHILD WILL BE ASKED TO
LEAVE PROGRAM AND LEAGUE FEE WILL NOT BE REFUNDED****

LEAGUE FEE

\$40.00 / CHILD

(MAKE CHECKS PAYABLE TO: STOCKBRIDGE SPORTSMEN'S CLUB)

PERMISSION IS HEREBY GRANTED TO THE ABOVE MENTIONED PERSON TO ENGAGE IN THE YOUTH RIFLE LEAGUE. THE STOCKBRIDGE SPORTSMEN'S CLUB AND THEIR VOLUNTEERS SHALL NOT BE HELD RESPONSIBLE IN ANY WAY FOR INJURIES RECEIVED BY THE ABOVE NAMED PERSON WHILE ENGAGED IN PROGRAM ACTIVITIES.

PARENT/GUARDIAN SIGNED _____ DATE _____

FOR OFFICE USE ONLY:

PAID CASH\$ _____ CHECK# _____ BAL DUE \$ _____ INITIALS _____