

**Thurmont Conservation and Sportsman's
Club
2016 Summer Youth Trap Shooting League
Participant Registration Form**

Participant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Birthdate: ____/____/____

Category Declaration:

Male: <= 10 11-12 13-14 15-16 17-18 19-21

Female: <= 10 11-12 13-14 15-16 17-18 19-21

Parental Consent and Contact Information:

I/we knowingly and willingly agree to indemnify and hold harmless the Thurmont Conservation and Sportsman's Club, its officers, directors, authorized agents, members, and/or volunteers from any and all claims or causes of action arising from/or associated with our participation in the 2016 Summer Youth Trap League.

(Parent/Guardian Signature)

(Date)

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: (____) ____ - _____ E-Mail: _____