

HARRISON SPORTSMAN'S CLUB AUTHORIZATION TO PARTICIPATE IN



(NAME OF EVENT)

YOUTH'S NAME:				
AGE:	GRADE:	TELEPHONE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
EMERGENCY CONTACT	PERSON(S):		TELEPHONE:	
PERMISSION TO PRINT	CHILD'S PICTURE AND	OR NAME IN NEWSPAPER ARTICLE	ES: YES	NO
PARENT / GUARDIAN S	IGNATURE:		DATE:	
UPDATED: 03/2014				
S _{MANS}	U I HUKIZA I	TION TO PARTIC	IPAIE IN	PASMANS CO
	(N	IAME OF EVENT)		
YOUTH'S NAME:				
AGE:	GRADE:	TELEPHONE:		
ADDRESS:				
CITY:		CTATE:	71P:	
EMERGENCY CONTACT PERSON(S):		SIAIE:		
EMERGENCI CONTACT				
	PERSON(S):		TELEPHONE:	

UPDATED: 03/2014