Thurmont Conservation and Sportsman's Club
2021 Summer Youth Trap Shooting League
Participant Registration Form

Participant Information:

Name:_____

Address:_____

City: _____State: _____ Zip: _____

E-Mail:_____

Birthdate: ____/____/_____

Category Declaration:

Male: ☐ **<= 12** ☐ **13-15** ☐ **16-18** ☐ **19-22**

Female: ☐ **<= 12** ☐ **13-15** ☐ **16-18** ☐ **19-22**

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 2019 Summer Youth Trap League.

_____ _____
(Parent/Guardian Signature) (Date)

Name: _____

Address:_____

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

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