

2026 Richland Youth Shooting Sports Registration Form

Name _____

Date of Birth _____ Age (as of Jan. 1st) _____ Grade in School _____

Address: _____

Parents/Guardians Name _____

Phone Number(s): _____

Email Address: _____

4-H Member: Yes or No _____ Shirt Size YL AS AM AL AXL 2XL _____

Disciplines Interested in: BB gun Air Rifle .22 rifle (12 yrs & completed hunters safety for .22)

DNR Hunters Safety Number: _____ **(needed for .22 Rifle)** _____

BB gun session preference: session 1 (early) session 2 (late) **times to be determined after reg.** _____

\$40 Participation Fee Paid _____ Date _____ Check # _____ Cash _____

Checks Payable to RYSS

Medical Release and Waiver for: _____

I hereby give permission for my child to be involved in the 2025 Richland Youth Shooting Sports Program. I understand that my child will be working around and shooting live ammunition.

I release the Richland Youth Shooting Sports Instructors and volunteers from any financial responsibility for sickness or accident while in attendance.

I agree to pay all expenses including medical expenses not covered by insurance.

I authorize the use of photographs or videos of my child while participating in this program for educational or media purposes.

*I understand that my child **MUST** abide by all range rules and wear adequate eye protection at all times while participating in this program.*

I hereby give consent to the officials in charge to use reasonable disciplinary action with my child(ren) while in these activities.

Signature of Parent/Guardian _____

Date of Signature _____

____ I request physically challenged accommodations. (Please define your needs for accommodations.)