



## Parental Permission and Activity Information for TARGET SHOOTING

It is a legal requirement that a parents or guardians signed declaration and permission is obtained before any person under the age of 18 can take part in this activity. Also ALL participants of this activity who are over 18 years of age MUST complete and sign the Section 21 declaration. **No Paperwork = No Shooting.**

**Activity:** 0.177" / 4.5mm Air Rifle Shooting

**Venue:** In Spikes Activity Centre, Drum Hill County Scout Camp, Little Eaton, Derbyshire

**Dates:** On or between 24-May-2024 and 27-May-2024

**Leader:** Martin Dodd (Activities Manager, Spring Bank Camp), 3 Albert Road, Chaddesden, Derby. DE21 6SL, Tel: 07740 982217

### AN EXTRACT FROM THE FIREARMS ACT 1968 "SECTION 21" PLEASE READ THIS CAREFULLY BEFORE SIGNING THE DECLARATION

SECTION 21 Prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shot gun cartridges for which a certificate is not needed.

A sentence of 3 months to 3 years attracts a 5 years prohibition, shorter ones no prohibition but a longer one means a life ban.

### DECLARATION

**Participant Name :** \_\_\_\_\_

**Group Name :** \_\_\_\_\_

In respect of the above named person. I declare that I have read SECTION 21 OF THE FIREARMS ACT 1968, and that I am /they are not excluded by the restrictions therein. I confirm that I/they will abide by all "Safety Rules" as described at the range brief. Parents / Guardians also hereby give their permission for them to take part in the activity stated, under qualified supervision (N.S.R.A. Youth Proficiency Scheme in Air Rifle Target Shooting being the minimum qualification.)

Please state if the above named young person has any disability, condition or is currently receiving any treatment relevant to the activity

#### Parent / Guardian

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Print Name : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_