

Plan now to attend the

# 2011 Youth Shooting Sports Safety Day Camp

**June 13** (9 a.m. – 4 p.m.), **June 14** (9 a.m. – 4 p.m.), **June 15** (9 a.m. – 3 p.m.) and **June 16** (9 a.m. – 7 p.m.)  
at the **Clinton County Farmers' and Sportsmen's Association**  
**301 Batson Road, Wilmington, Ohio 45177**

This will be an educational and fun four days for the beginner as well as the experienced youth shotgun or pistol shooting sports enthusiast.

Camp will include:

- Shotgun or pistol safety instruction
- Demonstration and practice on proper form when shooting
- Demonstration and practice safe handling of firearms
- Demonstration and practice shooting skeet, trap and 5-Stand
- Cowboy Action, and Archery Sampler
- All ammunition for the four days
- Shotguns, Rifles, Pistols and Bows for each participant to shoot
- Lunch each day for the participants
- T-Shirt and Hat per participant
- Carry-in dinner for participants, parents and instructors on Thursday evening.

Camp fee is **\$50.00** per participant.

Make checks payable to:  
Clinton County Farmers' and Sportsmen's Association (CCFSA)

Mail Completed registration and Check to:  
Cindy Warren  
Attn: CCFSA Camp  
1001 Clement Road  
Wilmington, Ohio 45177

Please Register by **June 3**.  
Camp limited to the first 40 registrations.

Camp instructors are 4-H Certified and/or NRA Certified Instructors

If you have a child or children, ages 9 to 19, interested in shotgun or pistol safety and shooting sports, please register them by completing the form below.

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Shirt Size – ADULT      S      M      L      XL  
                                CHILD      S      M      L      XL  
                                Other \_\_\_\_\_

Please place a (1) by your first choice and a (2) by your second choice.

Shotgun Camp \_\_\_\_\_

Pistol Camp \_\_\_\_\_

Allergies \_\_\_\_\_

Check if participant is subject to:

<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	Epileptic seizures	<input type="checkbox"/>	Asthma controlled (yes – no)	<input type="checkbox"/>	Kidney Trouble
<input type="checkbox"/>	Other please list						

I hereby give permission for \_\_\_\_\_ to participate in the activities of the CCFSA Youth Shooting Sports Safety Camp. We approve of his/her use of firearms and ammunition in the shooting sports activities. It is my understanding that strict rules of conduct are required and safety habits a must. Any participant in violation at any time will be disciplined. The club will attempt to instill all safety requirements in all participants, but cannot assume responsibility for any individual who does not comply. I further agree not to hold the camp instructors or members of CCFSA liable for any injuries sustained by my child during any of the activities.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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