

SECTION 21

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.**

The activity will be: 0.177Air rifle shooting.

Leader/Ranger Master: **Glynn T Healy SL**

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

(Please note: Participants under the age of 18 **MUST** have signed parental or guardians' permission to shoot)

(Print name of person undertaking the shooting activity)

In respect of the above named person. I declare that I have read **SECTION 21 Of THE FIREARMS ACT 1968.** (See over) And that I am /they are not excluded by the restrictions therein.

I confirm that I/they will abide by all "Safety Rules" as describe 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 participant has any disability or medical condition relevant to this activity.

Please indicate any medical treatment they are receiving at the moment that may be relevant to this activity.

Signature
(Of Parent or Guardian if applicant under 18 years of age)

Print Name **Date**

Contact details in case of emergency

Name **Phone Number**