

Texas Premier Sporting Arms  
Youth Shooting Camp Application 2024

**Child**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: Male \_\_ Female \_\_

Birth date \_\_\_\_\_ Age (as of the first day of camp) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Parent/Guardian - Contact Information**

***Parent/Guardian #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Has your child and/or any other members in the family had a fever in the past 2 weeks?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

Has your child and/or any other members in the family had a dry cough in the past 2 weeks?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

Has your child and/or any other members in the household travelled out of the country in the past 2 weeks?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

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**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that Texas Premier Sporting Arms will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Must pay in full before the first day of camp. You can pay in person at our office or pay over the phone.**

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Texas Premier Sporting Arms Youth Shooting Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Trenton Youth Filmmakers Mini-Camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

Texas Premier Sporting Arms and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Texas Premier Sporting Arms Contact Information:

7311 HWY 36 South Sealy, Texas 77474  
Office Phone: 979-627-7827  
Gun Manager's Personal Phone (Kelsie): 979-472-9585  
Gun Manager's Email: kelsie@texaspremiersportingarms.com