

2018 Daisy National BB Gun Championship Match

June 30 – July 3, 2018

MEDICAL RELEASE FORM

Each competitor must have a signed Medical Release Form on file before they will be allowed on the firing line. This form is to be filled out for each competitor and signed by a parent and/or Legal Guardian.

PLEASE PRINT

Team Name _____

City _____ County _____ State _____

Competitor's name _____

Parent's or legal guardian's name _____

Mailing Address _____

City _____ State _____ ZIP _____

Home phone _____ Daytime phone _____

Mobile phone _____ Fax _____

E-mail address _____

My child has permission to participate in the following competitions in Rogers, Arkansas
June 30 – July 3, 2018:
2018 Daisy National BB Gun Championship Match - 2018 Champion's Match

Parent/Legal Guardian's signature _____ Date _____

Although everything possible will be done to prevent accidental injuries, I realize that a medical emergency could arise requiring that my child receives First Aid or emergency medical treatment. The following will authorize medical treatment for my child:

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

I hereby authorize the staff of the DNBBGCM to secure any First Aid or Emergency Medical Treatment as deemed necessary to care for my child. This authority shall extend for the duration of all competitions as listed above, to be held in Rogers, Arkansas.

Any special medical conditions and/or allergies to penicillin or other medications should be listed on a separate sheet and included in the registration packet. Please describe in detail any medical conditions and/or allergies.

Parent/Legal Guardian's signature _____ Date _____

Mail this form to:
2018 DNBBGCM Registration
Daisy Outdoor Products
P.O. Box 220
Rogers, AR 72757
ATTN: Hannah Schmidt

More information is available at <http://www.daisy.com/daisy-nationals> or by e-mail request to nationals@daisy.com