

2012 NRA Competitor's Camp Registration Form

NAME _____ AGE _____

PARENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE: (_____) _____ Parent's CELL PH (_____) _____

eMAIL ADDRESS _____

Further communication will be through email

MEDICAL INFORMATION

Indicate any and all medications that you will be taking during your stay at camp and the purpose of each.

*If you have no medical conditions we should be aware of, **please write NONE.** Do not leave the space blank.*

Indicate any and all allergies that you have that we should be aware of while you are at camp.

I and my parents are acknowledging that taking any medication that impairs motor skills or makes one drowsy will result in not being allowed to shoot; And that I will be responsible for securing and taking of all medication; And that I have disclosed all medical conditions, medications and allergies; And, that the NRA Competitors Camp and organizers cannot guarantee that you will not come into contact with allergens.

Parent's Signature

Date

Your Shooting Experience

NAME OF TEAM _____

NAME OF COACH _____

SPORTER PRECISION SMALLBORE Circle the discipline you will focus on at camp

Make\Model of Gun(s) you will bring _____

Years you have been shooting competitive position air rifle \ smallbore _____

Your average score in a **3x20 3-P match** out of 600 _____

Cost : \$375 per competitor

Checks may be made to IL Competitors Camp at 4454 S Rt3 45, Kankakee, IL 60901