



JACK O'CONNOR
HUNTING HERITAGE & EDUCATION CENTER

Youth Hunter Education Challenge Program

January 9, 2018 – June 2, 2018

Lewiston, Idaho
Participant Application
Registration is required

Mail to: Jack O'Connor Hunting Heritage and Education Center
PO Box 394, Lewiston, Idaho 83501

Name of Participant

Last	First	Middle Initial
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Hunter Education card ID # _____ Birthday ____/____/____
(Copy required)

Address	City	State	Zip Code
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Phone # () _____ Cell Phone # () _____

Age _____ School Grade _____

Junior _____ 11-14 yrs Senior _____ 15-18 yrs (Check one please)

Parent:
Name _____
Address _____
Telephone _____ E-mail _____

Have you been a YHEC participant before? Yes _____ No _____

As the parent or guardian of _____, I do hereby give my permission for my child to participate in the National Rifle Association's Youth Hunter Education Program and any/all practice sessions.

Parent or guardian Signature

Date

Required Information:

Copies of: Hunter Safety Certification Card

Registration Fee: \$25.00 (Payable to the Jack O'Connor Center)

Mail application and the required information to:

Jack O'Connor Center, P. O. Box 394, Lewiston, ID 83501

If you have any questions or concerns please call the Center at 208-743-5043

Statement by applicant as to why they want to participate.

(Applicant must fully commit to the requirements of this program and practice safety at all times)

Do you or family members have an automobile that will be able to bring you to training session, events, and field trips? _____ Would you be willing to transport other participants? _____

We are trying to keep all of the costs to you at a minimum. We do need volunteers to help with driving, preparing and serving any meals that we may be having during the training sessions or field trips. Volunteers help to keep everyone's cost down.

In Case of an Emergency Contact:

Name: _____ Phone: _____

Address: _____ Work Phone: _____

HEALTH INFORMATION: (Please state the facts in connection with the following)
Describe any medical condition that may require medication as a treatment, list any medications and any allergies:

IMMUNIZATION INFORMATION:

Date of last Tetanus injection: _____

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Must be signed by a parent or guardian

I hereby authorize you, in the event of an emergency, that is, when you are unable to reach me for authorization or when circumstances require immediate action, to proceed according to the good medical practice with treatment of my daughter/son. Also, I authorize the hospital attending physician, or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same:

Parent or Guardian Signature

Date

Home address

City

State

Zip

(_____) _____

Home Phone

(_____) _____

Cell or work phone

Primary Insurance Company Name: _____

Address: _____

Policy Number: _____

Assumption of Risk, Waiver and Release

In consideration of the allowed to participate in the NRA Youth Hunter Education Challenge Program and the Jack O'Connor Hunting Heritage and Education Center, related events and activities, the undersigned appreciates, acknowledges and agrees that:

1. There are risks of injury from participating in the activities involved in this program of events, including the potential of paralysis, disability and even death. I knowingly and Freely ASSUME ALL SUCH RISKS (known or unknown, present, future, direct, or consequential and whether physical, psychological, social, economic, or otherwise and including all treatment, hospitalization or other care rendered to me in the event of my illness, injury, or emergent circumstances in connection with my participation in this program of events) EVEN IF

ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and I assume full responsibility for my participation and all such risks.

2. I willingly agree to comply with the stated and customary terms and conditions for participation in this program of events. If I observe any unusual significant hazard during my participation, I will remove myself from participation and immediately bring such to the attention of the nearest staff/official member.

3. I, for myself, and behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the NRA Youth Hunter Education Challenge Program and the Jack O'Connor Hunting Heritage and Education Center, officers, committee members, volunteers, and other agents, other participants, organizing and sponsoring agencies, National Governing Bodies, sponsors, advertisers, and if applicable, owners, lessors of premises used to conduct the program of events. ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISABILITY, OR DEATH, and all liabilities, losses, claims and causes of action (including attorney's fees) and any nature, incurred, suffered or associated with the participation in this program of events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

4. I hereby give my permission to the event organizers for the free use of my name, likeness and or pictures for use in broadcasts, telecast, newspaper, etc., for the promotion of the program of events,

5. I will follow and abide by the rules, policies, and code of conduct of the NRA Youth Hunter Education Challenge Program and the Jack O'Connor Hunting Heritage and Education Center. I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT, AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature

Date

YHEC Reserves the right to terminate any participant from the program for repeated lack of attendance, flagrant safety violations, behavior or attitude problems.

Be ready for a SAFE and FUN 5 months!!!

PARENTS ARE ALWAYS WELCOME AT ALL TRAINING EVENTS AS WELL AS COMPETITIONS