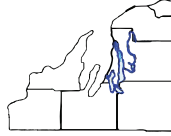




**BELLAIRE  
CONSERVATION  
CLUB**



**Chain O' Lakes  
SPORTSMAN'S CLUB**

FREE GUN SAFETY SHOOTING PROGRAMS FOR OUR YOUTH • 2024-2025

# Student Application

**Shooting** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Mature 9 year olds to high school)

**STUDENT REGISTRATION**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle I \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emails: \_\_\_\_\_

Please list allergies, medication needed and important information the BCC staff needs to be aware of:

\_\_\_\_\_

The Following Additional Persons Have My Permission to Pick-up my child (K-5 only):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- (6th Grade & up): Attendance is at will. Students are allowed to come and go unless we are notified in writing that your child will remain at the activity until picked up by a parent or guardian.
- BCC programs are limited and operate on a first come, first serve basis.

Please email Bellaire Shooting Club at eldon9969@gmail.com or call 231-632-1369

**REQUIRED: PLEASE SIGN PERMISSION/WAIVER FORM ON REVERSE SIDE.  
RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL**

Bellaire Conservation Club and Chain O' Lakes Sportsmans Club - Student Permission and Waiver Form.

Bellaire Conservation Club and Chain O' Lakes Sportsmans Club shall be referred to as BCC and COLSC.

The mission of the BCC and COLSC is to provide a safe, fun and nurturing environment where youth and their peers meet to relax, learn, share and be themselves in a setting supervised by dedicated volunteers.

1.FUNCTIONS AND ACTIVITIES: It is my understanding that participating in the programs and recreational and other activities of BCC and COLSC is a privilege. It is the policy of the BCC and COLSC not to discriminate in its programs and activities on the basis of age, race, creed, religion, color, national origin, sex, marital status, disability or any additional criteria identified by any applicable state or federal statute. Prior to my child's and/or my participation in such activities, I acknowledge that there are certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I understand that this is for the Entire 2024-2025 year.

2.Release of Liability: By signing this Permission/Waiver Form, I expressly warrant that the child named on the reverse side, or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at the time. I further release BCC and COLSC and its leaders, employees, volunteers, board of directors, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against BCC and COLSC or its leaders, employees, volunteers, board of directors, or agents. I further agree to indemnify and hold harmless BCC and COLSC and its leaders, employees, volunteers, board of directors or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during activities.

3.First Aid and Emergency Medical Treatment: I recognize that there may be occasions where my child named on the reverse side or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of accident, illness or other health condition or injury. I do hereby give permission for agents of BCC and COLSC to seek and secure any needed medical attention or treatment for the child named on the reverse side or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs, arising from this action, to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again I agree to pay for medical treatment\*. BCC and COLSC does not disburse medicines or injections. Parents or guardians are welcome to do such. Staff is trained in first aid and CPR.

Hospital of choice for emergency treatment: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please supply a copy of your child's health insurance policies, so that first aid and medical treatment can be more easily rendered.

4.Publicity: On occasion, BCC and COLSC takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in BCC and COLSC publications or advertising materials, video projection screen, or on the BCC and COLSC website or Facebook to let others know about our mission. In addition, local news organizations may hear of our activities or events, and our group may invite or allow them to photograph or record events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named on the reverse side.

I/we \_\_\_\_\_ / \_\_\_\_\_ are the parents/ legal guardians of \_\_\_\_\_ a minor, and I/we hereby consent to, said minor attending activities of the BCC and COLSC. It can and will include various modes of transportation such as bus, van, personal automobile, etc.

5.I/we the undersigned, hereby agree to not hold BCC and COLSC and any individual in his or her capacity as board member, officer, director, trustee, leader, employee, volunteers, or agents from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from participation of said minor in the activities indicated in paragraph 4 above, including the distribution of photographs or videos as specifically outlined in paragraph 4.

\_\_\_\_\_ Date: \_\_\_\_\_

Adult signature(s) required