



2019 Registration/Waiver Form

Participants Name (First & Last) _____

Address _____ City _____ Zip _____

Age _____ Grade _____

Parent's first name & last name (if different) _____

Telephone Number _____ Email _____

School Attending _____

Liability, Waiver and Agreement to Participate

This is to certify that we as parents/guardians with legal responsibility do consent and agree for my child/children to participate in the shooting sports program sponsored by the Central Wisconsin Youth Trap League. I do consent and agree not only to his/her release, but also for myself/ourselves and my/our heirs, assigns and next of kin to release from any and all liability incident to my/our minor child's involvement as stated below. I have read this release of Liability and Waiver agreement, fully understand its terms and sign it freely and voluntarily. I acknowledge and agree that I risk bodily injury, including paralysis, dismemberment, disability and death, and while particular rules of the sport, equipment and personal training and discipline may reduce the risk, the risk of injury does exist, as well as the risk of damage or loss of property. I consent to the use of pictures/videos of my child to be used for educational use and/or use for publicity to the program.

Participant Signature _____ Date _____

Parents/Legal Guardian Signature _____ Date _____

FEES – **DUE AT REGISTRATION**

League Fee \$20.00
Raffle Ticket Fee \$20.00

OPTIONAL FEE – **DUE NO LATER THAN MARCH 16, 2019**

Mayville State Shoot Fee \$25.00

PLEASE MAKE CHECKS PAYABLE TO CWYTL

TO BE COMPLETED BY CWYTL COORDINATOR

Total Fee Paid _____ Cash _____ Check # _____ Shooting Mayville _____