



## 2024 Registration / Waiver Form

Participants Na	ame (First & La	ast):		
Cell Number:	T-Shirt Size:			
Address:		City: _		Zip:
Age:	_ Grade:	School Attending	:	
Parent Name:		Co	ell Number:	
Parent Name:		Co	ell Number:	
	Liabilit	y, Waiver & Agreem	 nent to Partic	 zipate
myself / oursel incident to my/ Waiver agreem agree that I ris particular rules risk of injury de	ves and my / or our minor child' nent, fully under k bodily injury, of the sport, eq oes exist, as wel use of pictures/v	ur heirs, assigns and next 's involvement as stated be estand its terms and sign including paralysis, dism juipment and personal train I as the risk of damage or I	of kin to release low. I have read t freely and volumemberment, disaning and disciplions of property.	is / her release, but also for se from any and all liability this release of Liability and untarily. I acknowledge and ability and death, and while line may reduce the risk, the
Participant Sign	nature			Date
Parents/Legal (	Guardian Signatı	ure		Date
50 target o	Fee covers Ke dual meet shoo Participar	ettle Moraine Conference oting fees (8) & the 100 to nts are responsible for the	ce Team Regist arget conferen heir own gun &	ce meet shooting fees.
	TO BE	COMPLETED BY KMT	L COORDINA	TOR

Cash \_\_\_\_\_ Check #\_\_\_\_