

Waitsburg Gun Club Youth Fund Application

General Guidelines:

- Do not leave blanks on your application. Fill out completely and legibly.
- You must be under the age of 21 to apply. *However, this age restriction may be waived for applicants with special needs.*
- If you are an individual, the group application information (page 4) is not needed
- Receipts may be required based on the nature of your request.
- The amount requested may be fully, partially, or not funded.
- Applications must be received no later than 15 days prior to the date of your financial need.
- If requesting funds to attend a travel event, funding will be calculated at per diem rates for the destination location.
- Proof that the money awarded was used as described in this application is required.
- You must agree to refund any funds allocated for this request if not utilized as requested.
- Attach a letter of recommendation from teacher, neighbor, counselor, etc. if you believe it is a benefit.

APPLICANT INFORMATION:

Are you applying as an individual or a group leader for the group? _____

Applicants Full Name: _____ Individuals Age: _____

Parents/Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Financial Need: _____

Explain your need for this funding. Provide details as needed to support your request (i.e. itemized cost, location, date, and purchases required. Attach an extra sheet of paper if necessary.

CODE OF CONDUCT:

You must agree to the following Conduct Guidelines

- Follow safety, range, etiquette, and rules.
- Know that the use of alcohol, tobacco, and non-prescribed drugs is prohibited.
- Show courtesy and respect for all other people.
- Demonstrate good sportsmanship always.
- Treat program areas, lodging areas and vehicles with respect and care.
- Be responsible for any damage, theft, or misconduct in which you participate.
- Help others have a pleasant experience by making every attempt to include all participants in activities without prejudice.

I have read and understand the Code of Conduct and agree to live up to these expectations. I realize my failure to do so could result in a loss of related privileges now and/or in the future.

Group leader, if this is a group application each team member must understand that all sections of this application applies to them as individuals and the team. After thoroughly going over this section with them, have each Individual initial in the Participants Signature block signifying their understanding of this.

Participant Signature _____ Date _____

Parent or Guardians Signature _____ Date _____

Group Leaders Signature _____ Date _____

Shooting Sports Waiver:

- I, the undersigned participant, parent, or guardian recognize the dangers present in the shooting sports disciplines such as archery, rifle, shotgun, muzzle loader, pistol, hunting, and their activities.
- I understand that during participating in shooting sports trainings and events that it may be necessary to position to demonstrate such topics as proper stance or correct shooting positions.
- I knowingly and freely assume all such risks, for example: bodily injury as well as loss or damage to property.
- I understand as participant, parent or guardian signing this form that I will be held financially responsible for any expenses of loss or damage.
- I assume all risks involved while using equipment supplied.
- Participants are responsible for their own equipment.
- I consent to his/her release of the volunteers or other participants, donors, and the other organizations providing and/or sponsoring the range/meeting facilities and/or organizations' volunteers and equipment from any and all liabilities to his/her involvement in the Shooting Sports Program.
- I hereby waive and forever discharge claims for damages which the above listed individuals, their heirs, executors and administrators may accrue against the Waitsburg Gun Club Youth Fund Committee, Waitsburg Gun Club their representative agents, and accompanying leaders, arising from any injuries, physical or mental, suffered in connection with sponsored events.

I have read and understand the Shooting Sports Waiver and agree to its content.

Group leader, if this is a group application each team member must understand that all sections of this application applies to them as individuals and the team. After thoroughly going over this section with them, have each Individual initial in the Participants Signature block signifying their understanding of this.

Participant Signature _____ Date _____

Parent or Guardians Signature _____ Date _____

Group Leaders Signature _____ Date _____

Emergency Contact Information:

In case of emergency, I understand that every effort will be made to contact my emergency contact person. In the event the contact person cannot be reached, I hereby give permission to the physician selected by the event leader to hospitalize and secure proper treatment (including surgery and dental) for above person.

Contact person is considered to be the parent, guardian, or in the case of a group function, their leader unless otherwise noted below.

Name of Emergency Contact Person: _____

Phone: _____ Cell Phone: _____

I have read and understand the Emergency Contact Information and agree to its content.

Group leader, if this is a group application each team member must understand that all sections of this application applies to them as individuals and the team. After thoroughly going over this section with them, have each Individual initial in the Participants Signature block signifying their understanding of this.

Participant Signature _____ Date _____

Parent or Guardians Signature _____ Date _____

Group Leaders Signature _____ Date _____

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ADDITIONAL GROUP INFORMATION:

If you are a group leader and are applying for funding for multiple participants, the following information for each participant is required.

Group Name _____

Group Leader Name _____

Name of Participant(s) _____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____
_____	Date of Birth _____

Parent Signature Section

I have read, understood, and agree to the conditions expressed in this application, and do sign this of my own free will.

Parent / Participant Signature _____ Date _____

Parent / Participant Signature _____ Date _____

Parent / Participant Signature _____ Date _____

Parent / Participant Signature _____ Date _____

Parent / Participant Signature _____ Date _____

Parent / Participant Signature _____ Date _____

Parent / Participant Signature _____ Date _____

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