

\$50.00 Air Rifle Light Rifle

DELRAN JUNIOR MARKSMAN CLUB, INC. PO Box 1134, Delran, New Jersey 08075-0934

NRA J1349 <u>www.delranjuniormarksman.com</u> CMP 15044



JUNIOR PROGRAM MEMBERSHIP APPLICATION

Junior Informati	on:		
Membership Yea	ar: *New Membe	r: Renew: Membe	er#
Junior First Nar	me:	DOB:	
Junior Last Nar	me:		
Programs Atte	ended: Air Rifle / Light Rifle:	Trap: Archery	:
Parent / Guardia	an Information:	_	
First Name:			
Last name:		Gender:	
Address:			
City:		State:	Zip:
Home Phone:		Relationship:	
Cell Phone:		Occupation:	
Email:			
	Marksman will contact Parent / Gu the range, unless expressly p nd Parental / Guardian permission member before jur	ermitted by Parent / Guardia	an.
equipment, all shall be used or loss of any kind and described	pressly agrees that while the Junior Member is on the prem at the sole risk and responsibility of the undersigned and hariting from use of equipment and facilities as afounded for just cause and according to Delran Junior Markstand	nereby release the said Delran Junior Marksman resaid, and upon the premises under the control	Club, Inc. from any claims for damage
	oressly agrees to indemnify and hold harmless the Delran J while upon the property of or using the facilities under the co	· · · · · · · · · · · · · · · · · · ·	ted against it arising out of the actions
approve of his/her participati	e parent/guardian of the minor registered above (or am 18 ing in Delran Junior Marksman, Inc. activities. It is also und sponsible for injuries sustained as a result of his/her partic is/her photograph.	derstood and agreed that I will not hold the Delra	n Junior Marksman Club, Inc., its
Signature:		Date	:
	(Parent / Guardian)		
Received By:	(Club or Range Safety Officer)	Date	: <u></u>
	(Club or Range Safety Officer)	Check Number	:
Dues and Fees:		Cash Amount	
		222	

\$50.00 Trap

\$25.00 Archery

Delran Junior Marksman Club, Inc.

Parental Permission Form to Use Range and Liability Release

Please complete the Application in full and legibly.

Whereas the Delran Junior Marksman Club, Inc. (DJMC) is primarily a shooting range, with rifle, shotgun, pistol, air rifle and archery ranges, minors are not permitted to attend the facilities without a parent (or legal guardian) present. For special events, or unique circumstances, DJMC permit minors to attend, but only if this Parental Permission Form is completed and in hand the beginning day of the event.

If the participant is 18 years of age or older, he/she is considered an adult for this purpose and can sign on his/her own behalf, supplying all required information, such as emergency contact and medical concerns.

RELEASE OF LIABILITY OF THE DELRAN JUION MARKSMAN CLUB, INC.

I understand that participation in shooting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my minor child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by all applicable range rules and standards of conduct.

The undersigned expressly agrees that while the above named minor child is upon the Delran Junior Marksman Club, Inc. (DJMC) ranges or using any of its facilities and equipment, they shall be used at the sole risk and responsibility of the undersigned, and hereby releases DJMC from any claims for damage or loss of any kind and description resulting from use of equipment and facilities, and further releases the DJMC, its Officers, and/or members from any liability arising out of its granting of a license to enter upon its premises under the control of DJMC.

The undersigned further expressly agrees to indemnify and hold harmless the DJMC for any claims instituted against it arising out of actions of tort of the undersigned while the minor child is on the property or using the facilities under control of DJMC.

In case of emergency involving my minor child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the activity.

APPLICABLE ONLY TO JUNIORS AT LEAST 18 YEARS OLD: I certify that I am a citizen of good repute of the United States of America; that I am not a member of any organization or group having as its purpose the overthrow by force and violence the government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship. It is also understood and agreed that I will not hold the Delran Junior Marksman Club, Inc. or any of its Officers or members responsible for any injuries sustained to or by me as a result of my activity on or about the premises under the control of the Delran Junior Marksman Club, Inc. I further agree to abide by and adhere to the regulations of the Delran Junior Marksman Club, Inc.

Print Name:			
Signature:	Date:(Parent / Guardian)		
Pre-Existing Medical Concerns:			
	Emergency Back-Up Contact		
First Name:	Phone:		
Last name:	Cell:		
Relationship:			

Mail completed application to D.J.M.C. Membership Chairman P.O. Box 1134 Delran, NJ 08075-0934

Please make checks payable to: DELRAN JUNIOR MARKSMAN CLUB, INC.

Note: if you do not receive membership information in 10 days please contact Membership Chairman.

* new member are people who have never join the club before or have not been a member for more than 1 calendar year.