



## SSPC ACT Parental Consent Form

I confirm that I ..... am the parent / legal guardian  
of .....

I hereby consent to the above mentioned participating in recreational and competition Sport Pistol Shooting. I have provided contact details below and undertake to inform SSPC ACT of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child to participate in all activities in the club.

I acknowledge that SSPC ACT is not responsible for providing adult supervision for my child and understand as a requirement for a youth (under the age of 18) to hold an H category firearms licence, and for them to participate in shooting activities, I will also need to maintain my club membership and H category firearms licence.

Name of Child: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_

Alternative Contact #: \_\_\_\_\_

I, (*the signature*), confirm that all information provided is current and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parental Consent Form remains the sole property and rights of SSPC ACT.