



Civilian Marksmanship Program



National Matches

Junior Highpower Support Program

SHOOTER REGISTRATION FORM

Name of Club/State Association: _____

Club/State Association Number: _____

Instructions: Please complete one **Shooter Registration Form** for each junior shooter who is eligible to receive support through the CMP National Matches Junior Highpower Support Program (you may make additional copies of this form). This form may be submitted with your organization's CMP National Matches Junior Highpower Support Program **Application Form** (due 6 July 2009) or when your team checks in at Camp Perry (due 3 August 2009). Be sure to obtain parental or guardian release signatures before you depart for Camp Perry.

Please complete requested information for each junior shooter who is eligible to receive CMP support			
Name		Telephone	
Address		Email	
Birth Date	Current Age	Current NRA Classification	
I will participate in the following National Matches events (check): <input type="checkbox"/> USMC Junior Highpower Clinic or <input type="checkbox"/> Small Arms Firing School <input type="checkbox"/> President's Rifle Match <input type="checkbox"/> National Trophy Rifle Match <input type="checkbox"/> National Trophy Junior Team Match or <input type="checkbox"/> Hearst Doubles Match <input type="checkbox"/> National Trophy Rifle Team Match <input type="checkbox"/> Infantry Trophy Team Match		Please list three most recent matches (please provide copies of match bulletins or other documentation of competition experience if under 16 and age waiver is requested). Number of EIC matches completed: _____ Distinguished Rifleman: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following person is designated as the Team Captain or sponsor for this junior (must be 18 years of age or older) and is authorized to conduct State Association/Club business with CMP personnel.			
Name			
Address			
Telephone		Fax	Email
The following information must be provided by a parent or guardian of the junior shooter			
Name		Telephone	
Address		Email	
LIABILITY RELEASE TO BE SIGNED BY PARENT OR LEGAL GUARDIAN In consideration for the admission of this Junior to participate in an activity of the Civilian Marksmanship Program (CMP) I hereby: 1) Give my permission for this Junior's participation in the 2009 National Matches; and 2) Release the CMP and any other organizations sponsoring or supporting such activity (including all directors, officers, employees, agents and volunteer workers) from any claim or liability that may arise directly or indirectly from this Junior's presence or participation in the activity; and 3) Agree to defend, indemnify and hold harmless the parties referred to in 2) above from any claim arising from any wrongful or negligent conduct by this Junior.			
_____ Date		_____ Signature of Parent or Guardian	