

# PARENT OR LEGAL GUARDIAN FORM

THIS FORM CERTIFIES THAT

<< SIGN >> FULL NAME

I

\_\_\_\_\_

<< PRINT >> FULL NAME

\_\_\_\_\_

ADDRESS -

\_\_\_\_\_

PH NUMBER - \_\_\_\_\_

DATE- \_\_\_\_\_

BEING THE LEGAL

PARENT - \_\_\_\_\_

GUARDIAN - \_\_\_\_\_

TAKEN FULL RESPONSIBILITY  
OF SAID JUNIOR SHOOTER OR  
SHOOTER'S << PRINT >> FULL NAME

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