



2010 Daisy National BB Gun Championship Match • July 2-July 4, 2010
2010 Daisy Airgun Championships • July 4 – 6, 2010
Rogers, Arkansas

MEDICAL RELEASE FORM

Each competitor must have a signed Medical Release Form before they will be allowed on the firing line. This form is to be filled out for each competitor and signed by the parent and/or Legal Guardian.

Team Name _____

City _____ State _____

Competitor's name _____

Parent's or legal guardian's name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Fax _____ E-mail address _____

My child has permission to participate in the following competitions in Rogers, Arkansas July 2 – July 6, 2010:
2010 Daisy National BB Gun Championship Match
2010 Daisy Airgun Championships

Parent/Legal Guardian's signature _____ Date _____

Although everything possible will be done to prevent accidental injuries, I realize that a medical emergency could arise requiring that my child receive First Aid or emergency medical treatment. The following will authorize medical treatment for my child:

CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

I hereby authorize the staff of the DNBBGCM to secure any First Aid or Emergency Medical Treatment as deemed necessary to care for my child. This authority shall extend for the duration of all competitions as listed above, to be held in Rogers, Arkansas.

Any special medical conditions and/or allergies to penicillin or other medications should be listed on a separate sheet and included in the registration packet. Please describe in detail any medical conditions and/or allergies.

Parent/Legal Guardian's signature _____ Date _____

Mail this form to:
2010 DNBBGCM Registration
Daisy Outdoor Products
400 West Stribling Drive
P.O. Box 220
Rogers, AR 72756
ATTN: DENISE JOHNSON

Information available on the Internet at www.daisy.com or www.ibbgcm.com
e-mail at djohnso@daisy.com or dwright-watt@att.net