

DNH Trapshooting Information Form

Student Contact Information

Student Name _____ Email Address _____

Preferred Phone _____ Text messages at this phone? ___Yes ___No

Do you prefer team information via: ___ Email ___ Text Message ___ Both ___ Contact Parent Only

Parent/Other Contact

Name _____ Email Address _____

Preferred Phone _____ Text messages at this phone? ___Yes ___No

Do you prefer team information via: ___ Email ___ Text Message ___ Both

Experience Level

___ Never fired a shotgun ___ Hunting/Target Shooting

___ Trapshooting for fun ___ Experienced Trapshooter (past team member)

Shotgun

___ I do not currently own a shotgun I have a ___ 12 gauge ___ 20 gauge
___ Pump ___ Break-Action ___ Semi-auto

Website

It ___ is ___ is not OK to post my son/daughters photo to the DNH Wolverines Trapshooting website
(we never post names with photos)

Medical

If your student has a medical issue and you are not immediately available, we would like some basic medical information to assist us. It will be kept confidential and locked, available only to the head coach or the team Coach/EMT.

Do they have any allergies? _____

Do they have any medical conditions we should be aware of? _____

If your son/daughter is experiencing soreness from shotgun recoil or other symptoms, (headache), does our team EMT have permission to provide an appropriate dose of pain reliever: ___Yes ___No

Preferred Choice: ___ Acetaminophen (Tylenol) ___ Ibuprofen (Advil) ___ Naproxen (Aleve)