

# THE ISLE OF MAN CLAY PIGEON SHOOTING CLUB



## Day Membership Application Form

Surname:		Forename(s):	
Address:			
Telephone:			
Email:			
Occupation:		Date of Birth:	
Employers Name:			
Address:			

I hereby apply for day membership of the Isle of Man Clay Pigeon Shooting Club ("the Club") and confirm and understand and confirm that:

1. The personal details given above are correct.
2. If I am under 18 years of age I must ensure that my parent or guardian completes the details on page 2 of this form.
3. This application has to be approved by the Range Officer who has the right to refuse the application without reason being given.
4. I have never been convicted of any criminal offence (other than minor motoring offences), specifically any offence relating to firearms.
5. I must inform the club on application for day membership if I have ever had an application for or a renewal for a Regulated Weapons Certificate refused by the police.
6. I will only shoot under the direct supervision of a Club member. I will follow his/her instructions at all times and understand that both the Club member and I will be personally responsible for my actions whilst shooting.

Applicants Signature: .....

Date: .....

## Day Membership

### Parents Consent Form (to be completed for applicants under 18 years of age)

Parent's/Guardian's Surname:		Parent's/Guardian's Forename(s):	
Address:			
Applicant's Full Name:			

I hereby confirm that:

1. I am a parent/guardian of the applicant.
2. The applicant's family and I approve of the applicant's application for day membership of the Club.
3. I understand that I accept responsibility for the applicant and will accompany him/her at all times whilst he/she is shooting on the club ranges.

Parent's/Guardian's Signature: .....

Date: .....