

**Parent Consent Form for a Child's Attendance  
Black Diamond Gun Club Womens Pistol Classes**

Your child has asked to participate as a student in the Womens Basic Pistol Class at the Black Diamond Gun Club. Be assured that all instructors are professionally trained, in both handgun shooting and in training beginners in handling firearms.

At no time will your child be alone with any instructor. All activities are done as a group, with all classroom students (usually 5-12 students) and all instructors (always 2 instructors, and usually 4-6) present, as a group, at all times.

Any and all personal information about your child, on either this form or on the application form, will be kept strictly confidential. These forms will at all times be in the possession of either head Instructor Phil Erickson, or the Club Treasurer / Secretary.

Per Washington State law, in RCW 9.41.042, no child under age 18 can handle a handgun without a parent's permission, and either the parent being present, or the responsible adult who is with the child having authorization from the child's parent.

**Because of this State legal requirement, please complete the following, sign and return with the child's application for the class, to BDGC, P.O. Box 217, Black Diamond WA 98010.**

by: \_\_\_\_\_ deadline date for this class) **Class Date Enrolled For** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ **Child's Age** \_\_\_\_\_

**Parent/ Guardian** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ Telephone (day): \_\_\_\_\_ Telephone \_\_\_\_\_

(evening): \_\_\_\_\_ cellphone: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Doctor's Tel No** \_\_\_\_\_

Does your child suffer from any medical conditions/allergies that the club/instructors should be aware of (including any current medication)?

Please provide details of any medication that must be administered, or special needs we should be aware of:

\_\_\_\_\_ **Emergency contact details: (If different from above) Name:**

\_\_\_\_\_ ++ Telephone no: \_\_\_\_\_

\_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ ++ Telephone no: \_\_\_\_\_

\_\_\_\_\_ Relationship to child: \_\_\_\_\_

**CONSENT** a.) I agree to my son/ daughter taking part in the BDGC Womens Basic Pistol Class.

b.) I confirm that to the best of my knowledge, my son/daughter does not suffer from any medical condition other than those listed above.

c.) Handling firearms can be dangerous. I understand that the Club and instructors accept no responsibility for loss, damage, or injury caused by or during attendance at any of the Club's organized activities, except where such loss, damage or injury can be shown to have resulted directly from the negligence of the Club or the instructors.

Signed \_\_\_\_\_ Parent/ Guardian) Date: \_\_\_\_\_

Thank you for taking the time to complete this for us. Phil Erickson, Head Instructor, BDGC Womens Pistol Classes