

**Queensland Amateur Pistol Shooting Association Inc.
(QAPSA)
ISSF - JUNIOR ROOKIE SQUAD (JRS)**

**JRS MEMBERSHIP
PARENT/GUARDIAN CONSENT FORM**

[name of athlete]

I, the above athlete, seek membership of the Queensland ISSF Junior Rookie Squad (JRS) for the squad period 1 September 20..... to 30 October 20.....

I acknowledge that:

1. I have read and understood the JRS Guidelines and will be bound by the terms of these Guidelines and the Code of Conduct requirements.

2 My contact details are:

Address:.....

.....

.....P/C.....

Home Phone:.....

Mobile:..... Facsimile.....

Email:

3 I will notify the JRSCo-ordinator of any change in the above contact details.

Signature of Athlete..... Date.....

Iconsent to becoming a member of the Queensland JRS for the above stated JRSsquad year and have read the applicable JRSGuidelines and Code of conduct requirements.

Signature Parent/Guardian..... Date.....
...

**Please return to:
JRS Co-ordinator
C/o QAPSA
PO Box 306
CARINA QLD 4152**