



**THE AMERICAN LEGION OF IOWA
JUNIOR SHOOTING SPORTS PROGRAM
2016 DEPARTMENT CHAMPIONSHIP**

COMPLETE BY February 1, 2016, AND SEND TO:

The American Legion of Iowa
ATTN: Kathy Nees - 720 Lyon St. - Des Moines, Iowa 50309
Office: 515-282-5068 or 1-800-365-8387
Fax: 515-282-7583 E-Mail: kathy@ialegion.org

CONSENT TO MEDICAL TREATMENT & HOSPITAL SERVICES

This will certify that we (I), the undersigned parent(s) or guardian(s) of _____ do, in the event that our (my) son/daughter becomes a participating member of The American Legion of Iowa Junior Shooting Sports Program Department Championship Tournament, to be held in Des Moines, Iowa on March 12, 2016, hereby consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services.

WAIVER OF CLAIM

This will further certify that we (I), the undersigned, in consideration of the benefits to be derived by our (my) son/daughter in the event that he/she is a member of an American Legion of Iowa affiliated shooting team in the Junior Shooting Sports Program Department Championship Tournament in Des Moines, Iowa on March 12, 2016, do hereby release and discharge The American Legion of Iowa, its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions or causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at or participation in the above named tournament, from the time of his/her departure home until his/her return thereto.

MEDIA

In accordance with The American Legion of Iowa's Americanism Commission policy, adopted October 18, 2015, all participants in American Legion of Iowa programs are subject to publication for promotional purposes of the program in all print, televised, radio, and social media outlets including Facebook, Twitter, Instagram, etc.

INSURANCE INFORMATION

Name of parent(s) group medical insurance carrier _____

Policy or certificate no. _____ Parent to whom policy is issued _____

Employer to whom policy is issued _____ Dated this _____ day of _____, 2016

Signature of Parent or Guardian

Printed name of Parent or Guardian

Telephone Number and E-Mail Address

Shooting Club Affiliation

ONE FORM REQUIRED FOR EACH SHOOTER!

**The American Legion of Iowa
Junior Shooting Sports Program
Department Championship Tournament ~ March 12, 2016
(Air Rifle)**

(Must be postmarked by March 1, 2016)

THIS FORM MUST BE FILLED OUT LEGIBLY AND COMPLETELY!

Name of Club/Team _____
(Must be an affiliated team of The American Legion of Iowa Junior Shooting Sports Program by December 31, 2015)

Attention _____
(Name of primary point of contact/coach/manager)

Address _____ E-Mail _____

City _____ State _____ Zip: _____

Number of Contestants Entered From This Club _____
(Each Affiliated Club in Iowa may send five shooters per team; Shooters may participate on only one team)

Shooting Club Coach/Manager

Point of Contact Telephone Numbers

Work and/or Cell Phone _____ Home _____

E-mail address: _____

Sponsoring American Legion Post Officer Signature _____

Address _____

City _____ State _____ Zip _____

Mail this form to: The American Legion of Iowa
 Attn: Junior Shooting Sports Program
 720 Lyon St.
 Des Moines, Iowa 50309

_____ Do not write below this line _____

Date Received _____ Number of Contestants _____ Relay Assigned _____

ONE FORM REQUIRED FOR EACH TEAM!

CODE OF CONDUCT

1. I represent a school/club shooting activity, which has supported my interest in competitive shooting. I will conduct myself during this tournament so as to bring only credit to myself and to my school/club.
2. I understand that the Tournament Staff is responsible for the health, safety, and the proper conduct of the competitors in their charge. I accept their leadership.
3. I will operate a motor vehicle only with the permission of my adult leader and/or tournament officials.
4. I will keep my adult leader/chaperone informed of my whereabouts at all times while traveling to and from the tournament and while at the tournament.
5. I understand that competitors in this tournament will not consume alcoholic beverages while traveling to, participating in, or returning home from this tournament.
6. I understand the legal prohibition and severe punishment associated with the possession, distribution, and use of controlled substances. I will not involve myself with such substances at any time during this tournament.
7. I understand that the tournament staff and The American Legion of Iowa, are not responsible for loss, breakage, or theft of my personal belongings. I will safeguard my personal property and valuables.
8. I will be respectful of other competitors, tournament officials, and other people I might encounter while competing in this tournament.
9. I understand that a violation of this Code of Conduct may result in my being ejected from further competition.
10. **I understand that should I conduct myself in an unsportsmanlike manner, that would bring discredit to The American Legion of Iowa Junior Shooting Sports Program and or Department Championship Tournament, I may be removed from further competition.**

Date _____ Signature of Competitor _____ Age in 2016 _____

Printed Name: _____

Date: _____ Signature of Parent or Guardian: _____

ONE FORM REQUIRED FOR EACH SHOOTER!