



NEW SOUTH WALES  
AMATEUR PISTOL ASSOCIATION INC  
JUNIOR CAMP 2018



ARRIVE: Sunday 7<sup>th</sup> January 2018 (after 1pm)

DEPART: Saturday 13<sup>th</sup> January 2018 (before 10am)

LOCATION: Sydney Pistol Club  
Cape Banks - La Perouse 02 9661 7463  
Off Bunnerong Road.

INFORMATION: Junior camp is open to all juniors at all levels of shooting. Juniors are divided into groups according to their ability and consistency and coached accordingly. **New shooters are encouraged**, as learning proper shooting methods early will fast track a junior to the elite ranks

Closing Date: **24 December 2017**

COST: \$50.00 per person – ammunition supplied

Extra: -Home Theatre Entertainment at club and night out at local theatre planned (Movies rated M or lower).

Activities: - Swimming, Table Tennis, pool, etc

REQUIREMENTS: -Drink Bottle, Air bed or stretcher  
--Sleeping bag or blanket and pillow  
-Appropriate clothing (swimming will be on the programme)  
-Toiletries (sunscreen and insect repellent advised)  
-Pistols - .22 semi auto and .177 air pistol

Polo Shirt Size: Mens/Boys: \_\_\_\_\_ Ladies/Girls: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

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Registration

Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone No: \_\_\_\_\_ A/H \_\_\_\_\_

D.O.B: \_\_\_\_\_ Time Shooting \_\_\_\_\_

Grades Sport \_\_\_\_\_ Air \_\_\_\_\_

All entrants are subject to the code of conduct and guidelines outlined in the indemnity form. Please make all cheques payable to NSWAPA Inc. (Cash taken on first day also)

SEND ENTRY TO: Allison Doyle  
28 Albatross Rd  
Berkeley NSW 2261  
allison28@tpg.com.au



## 2018 NSWAPA JUNIOR CAMP INDEMNITY FORM

I, ..... of .....  
(Parent/Guardian) (Address)

Permit my child to attend the NSWAPA Junior Camp.

I agree that .....shall be subject to the control of the Director of Junior Council during the duration of the camp. In the event of any illness or accident, I hereby authorize the obtaining on my behalf, any medical assistance my child requires.

I accept and authorize any operations, blood transfusions and anaesthetic risks associated with medical treatment, and to be responsible for payment of any expenses thus incurred.

Should my child's conduct be unsatisfactory or unsafe, I authorize the Director in charge to arrange for their immediate return to their home after notifying me of the facts by phone and I agree to pay any expenses thus incurred.

Parents Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone (For Emergencies)

\_\_\_\_\_

\_\_\_\_\_ (Home)

\_\_\_\_\_

\_\_\_\_\_ (Mobile)

Medicare Number

Year of last Tetanus Shot

\_\_\_\_\_

\_\_\_\_\_

NOTE: All juniors under the age of 18 requiring medication or special assistance must be accompanied by a responsible adult.

Please list any medical conditions and allergies your child has or medications your child takes.

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### CAMP RULES (All participants will be required to sign a code of conduct)

1. No leaving camp at any time without express permission from the Junior Director
2. No alcohol or use of prohibited substances
3. No bullying or sledging fellow camp participants
4. Any Junior sent home will not be permitted to attend further camps

All juniors attending camp MUST be graded in Junior Sport Pistol and Junior Air Pistol. Juniors attending camp for the first time are required to have their Club Secretary or Scorer sign this form to show they are competent to shoot these matches.

Club

Secretary/Scorer

\_\_\_\_\_

\_\_\_\_\_

### Please fill out your child's firearms details

Make                      Model                      Calibre                      Serial                      Owner                      Owner's Signature

\_\_\_\_\_

\_\_\_\_\_



## 2018 NSWAPA JUNIOR CAMP PERMISSION FORM



I, ..... of .....  
(Parent/Guardian) (Address)

Permit my child whilst attending the 2018 Junior Camp, to attend any organised outings including attending the movies to watch a suitable movie for their age group up to a maximum movie rating of M as prescribed by the Australian Classification Board.

I agree that .....shall be subject to the control of the Director of Junior Council and their coaches/assistants during such outings and will behave in a manner the duration of the camp. In the event of any illness or accident, I hereby authorize the obtaining on my behalf, any medical assistance my child requires.

I accept and authorize any operations, blood transfusions and anaesthetic risks associated with medical treatment, and to be responsible for payment of any expenses thus incurred.

Should my child's conduct be unsatisfactory or unsafe, I authorize the Director in charge to arrange for their immediate return to the Sydney Pistol Club and to their home after notifying me of the facts by phone and I agree to pay any expenses thus incurred.

Parents Signature

Date

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