



New South Wales Amateur Pistol Association Inc.

ANNUAL JUNIOR CAMP 2021 Information Sheet

START DATE:	Saturday 16 th January 2021 (10am)
END DATE:	Saturday 23 rd January 2021 (11am)
LOCATION:	Wagga Wagga Pistol Club – Tasman Road, Wagga Wagga 2650 (Limited transport being arranged – details at a later date)
AUDIENCE:	<ul style="list-style-type: none">- 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:	21st December 2020
COST:	\$50.00 per person – ammunition supplied
EXTRA:	<ul style="list-style-type: none">- Home Theatre Entertainment at club- Juniors will need to bring extra monies for outings such as movies and entertainment venues if time and circumstances allows. Also allow for snacks while at these events.
ACTIVITIES:	- Swimming, Board/Card Games, pool, etc.
REQUIREMENTS:	<ul style="list-style-type: none">- Drink Bottle, Air bed or stretcher- Sleeping bag or blanket and pillow- Board Games, cards, cameras (Due to closer inspection, Cards Against Humanity has been banned from camp)- Appropriate clothing (swimming may be on the program)- Toiletries (sunscreen and insect repellent advised)- Pistols - .22 semi auto and .177 air pistol- Diary or notebook with pens



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ANNUAL JUNIOR CAMP 2021 Registration Form

Name		Club	
Address			
Email			
Phone No (Daytime)		Phone No (A/H)	
Date of Birth		Time Shooting	
Grades	Sport	Air	

Please advise if any of the following:

SPECIAL DIETARY REQUIREMENTS:	
NO EXTRA FOOD TO BE BROUGHT TO THE CAMP BY JUNIORS OR THEIR PARENTS!	
Allergies, Medications, Diagnosed Problems:	



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ANNUAL JUNIOR CAMP 2021 Indemnity Form

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 OR Email to: jrdirector.nsw@gmail.com

I, of
(Parent/Guardian) (Address)

Permit my child to attend the NSWAPA Junior Camp.

I agree thatshall 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 authorise the obtaining on my behalf, any medical assistance my child requires.

I accept and authorise 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 authorise 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.

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/Official _____

Please fill out your child's firearms details

Make	Model	Calibre	Serial	Owner	Owner's Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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ANNUAL JUNIOR CAMP 2021 Permission Form

I, of
(Parent/Guardian) (Address)

Permit my child whilst attending the 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 thatshall 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 authorise the obtaining on my behalf, any medical assistance my child requires.

I accept and authorise 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 authorise the Director in charge to arrange for their immediate return to the Wagga Wagga 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

NOTE:

**ALL STAFF, COACHES AND HELPERS WILL BE APPOINTED BY THE NSW APA.
THANK YOU.**

Allison Doyle
NSW Junior Director
0481 267 051
jrdirector.nsw@gmail.com