



ScoutsCymru



CYNGOR SGOWTIAID ARDAL GORLLEWIN MORGANNWG
GLAMORGAN WEST AREA SCOUT COUNCIL

SILVER CROSS

Canolfan Sgowtiaid
Scout Centre

Penllergaer

Llangyfelach, Abertawe / Swansea SA5 7LQ

www.silvercross.org.uk e-mail:warden@silvercross.org.uk



01792 897950

PARENTAL CONSENT FORM **AIRGUN SHOOTING**

GROUP NAME _____

GROUP LEADER _____

CAMP / ACTIVITY DATES _____

ACTIVITY **AIR-RIFLE SHOOTING** **AIR-PISTOL SHOOTING**

All instruction will be carried out by qualified personnel at Silver Cross, authorised by The National Smallbore Rifle Association, Youth Proficiency Scheme

PARENT OR GUARDIAN'S CONSENT

**I have noted the arrangements and give permission for _____
(Name of child) to take part in air-gun shooting at Silver Cross Scout Centre.**

**I also declare that he/she is not prohibited from possessing, handling or firing
airguns by virtue of the regulations set out in Section 21 of the Firearms Act 1968.**

SECTION 21 Prohibits the possession of a firearm and ammunition (under any circumstances), by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as AIRGUNS or shotgun cartridges for which a certificate is not needed.

A sentence of 3 months to 3 years attracts a 5-year prohibition, shorter ones no prohibition but a longer one means a life ban.

Please indicate if your child has a disability or condition which may be affected by this activity.

Parent / Guardian's Name _____

Signature _____ **Date** _____

This form to be shown to range officer on the day then will be returned to leader at end of activity.