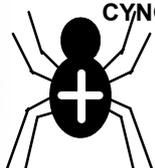




ScoutsCymru



CYNGOR SGOWTIAID RHANBARTH 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 DECLARATION FOR UNDER 18s 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 DECLARATION

I declare that _____ 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.