

**THE AMERICAN LEGION OF IOWA
2008 JUNIOR SHOOTING SPORTS PROGRAM
DEPARTMENT CHAMPIONSHIP TOURNAMENT
DES MOINES, IOWA**



COMPLETE AND SEND TO:

**The American Legion of Iowa
ATTN: Kathy Nees
720 Lyon St.
Des Moines, Iowa 50309
Fax: 515-282-7583
E-Mail: kathy@ialegion.org**

A copy of this form must be returned by March 12, 2008

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 15, 2008, 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 15, 2008, 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.

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 _____, 2008

Please print name and provide signature below.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Mailing Address

City, State and Zip Code

Telephone Number

Shooting Club Affiliation

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 its Department Championship Tournament, I may be removed from further competition.**

Date: _____ Signature of Competitor: _____

Printed Name: _____ **CMP Competitor Number:** _____

Date: _____ Signature of Parent or Guardian: _____