

# MISSOURI YOUTH HUNTER EDUCATION CHALLENGE VOLUNTEER STAFF REGISTRATION

*Please Print Clearly*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (      ) \_\_\_\_\_ - \_\_\_\_\_ Email? \_\_\_\_\_

If You Are A Hunter Education Instructor Yes \_\_\_\_\_ No \_\_\_\_\_

**I can help:**    \_\_\_ Thursday or Friday set-up at United Sportsman's Club

\_\_\_ Friday afternoon:    \_\_\_ Muzzleloader  
(Check one)

\_\_\_ Saturday:            \_\_\_ Hunting Archery Challenge  
(Check one)            \_\_\_ Hunting Shotgun Challenge

\_\_\_ Hunting Wildlife Identification Challenge

\_\_\_ Hunting Orienteering Challenge

\_\_\_ Use me anywhere

\_\_\_ Sunday:              \_\_\_ Hunting Rifle Challenge  
(Check one)

\_\_\_ Hunting Muzzleloader Challenge

\_\_\_ Hunter Safety Trail Challenge

\_\_\_ Use me anywhere

## **AGREEMENT:**

I understand and agree to abide by the rules of conduct prescribed in the official Rule Book and that any violation(s) can result in a denial of volunteer privileges and service opportunities. I also agree that, if necessary, emergency medical assistance may be provided for my benefit. I hereby give consent for Missouri YHEC to provide medical attentions, transportation, and emergency medical services as warranted. In signing this agreement, I declare that I am in good physical condition and I am not aware of any disease or injury that would result in injury during participation in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to: Missouri YHEC, Pigg Hollow Rd. Owenville, MO 65066**