

MICHIGAN YOUTH HUNTER EDUCATION CHALLENGE

State YHEC Event Registration

This document serves as registration for the State level YHEC program. Your signature below provides authorization/consent for the duration of this YHEC program. **Complete all sections legibly and accurately.** (Incomplete forms will be not be processed.)
 Registration fees must be enclosed with your registration. Current fees, event date, location, application deadlines are available on our web site www.MYHEC.org

Return completed registration form, registration fee and copy of Hunter Safety Card (as of 2008 everyone MUST send a copy each year) **to:**

Michigan Youth Hunter Education Challenge (MYHEC)
Heather Hicks, 13539 S Dewitt Rd, Lansing, MI 48906
Phone: 517-505-1582

E-mail: StateMYHEC07@aol.com

Website: www.MYHEC.org

Make checks payable to 'MYHEC'.

Confirmation letters will be sent via email unless paper letter is requested.

Paper letter requested.

Participant / Team Classification Information

Participation		Division / Age / Special Accomodations / T-Shirt					
		T-Shirt size (Adult sizes) <input type="radio"/> Sm <input type="radio"/> Med <input type="radio"/> Lg <input type="radio"/> X-Lg <input type="radio"/> XX-Lg <input type="radio"/> XXX-Lg					
<input type="checkbox"/>	Individual	<input type="checkbox"/>	JUNIOR (under age 15)	Birth date	<input type="text"/>	Need handicap access to events	<input type="checkbox"/>
<input type="checkbox"/>	Team	<input type="checkbox"/>	SENIOR (under age 19)	Contact me about special accomodations for taking the exam			<input type="checkbox"/>
I have participated in MYHEC before? <input type="checkbox"/> yes <input type="checkbox"/> no				I have a hunter safety certificate <input type="checkbox"/> yes <input type="checkbox"/> no			

Name / Address / Phone Information

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>		
Nick name	<input type="text"/>	Phone # Day	<input type="text"/>	Phone # Evening	<input type="text"/>	<input type="text"/>	
Street Address	<input type="text"/>			Email Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	County	<input type="text"/>

Chaperone / Team Information

A parent, coach or chaperone MUST BE in attendance and be present with the individual/team throughout the State Event. Names of adult(s) must be indicated below. This adult assumes the responsibility to ensure the participant(s) will adhere to the code of conduct indicated on the reverse side.

Team Name:	<input type="text"/>	Team Division	<input type="text"/>
Coach/Chaperone #1	<input type="text"/>	Coach/Chaperone #2	<input type="text"/>
Coach #1 Phone #	<input type="text"/>	Coach #2 Phone #	<input type="text"/>

Other Team Member's Names

List other team member's or other individuals you want to be teamed up with at the MYHEC State Event

IMPORTANT NOTE: If you do not specify other participants you want to be with during the State Event, random drawings will be used to establish teams or fill partial teams. **After registration deadline changes are prohibited**

1	<input type="text"/>	3	<input type="text"/>
2	<input type="text"/>	4	<input type="text"/>

MEDICAL INFORMATION

List medical information we should be aware of in case emergency medical treatment should be required for the participant.

INFORMATION ON THE REVERSE SIDE MUST BE SUBMITTED AND SIGNED BY A PARENT OR GUARDIAN IN THE 3 AREAS DESIGNATED TO HAVE THIS APPLICATION PROCESSED

Emergency Information							
Health Insurance & Physician Information							
Health Insurance Carrier				Policy / I.D. #			
Physician				Physician's Phone #			
Emergency Contact							
Name				Relationship			
Address			City		State		Zip
Phone #			Add'l. Phone #				

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT

I, the Parent or legal guardian of _____ give my permission to MYHEC and/or the indicated Coach/Chaperone to authorize emergency medical treatment of my son/daughter for illness or accident if I cannot first be contacted prior to proper medical attention being administered.

Signature of Parent or Legal Guardian of Minor

Date:

Event Releases	
Liability / Medical	

If injured while traveling to or from (by public, private, or any means of conveyance) or while residing at and participating in programs at the NRA/Myhec State Youth Hunter Education Challenge or any auxiliary facilities;

(1) Participants/ Coach/ Chaperone(non-participant) and/or family agrees to waive any legal claim against the NRA/ MYHEC and its officers, employees, agents, servants, state-level sponsors, and my state or Province. Participant/ Coach/ Chaperone/ Parent/Legal Guardian hereby expressly assumes any and all risks associated with the activities contemplated hereunder, including, but not limited to any and all risks associated with the discharge of firearms, hunting and other outdoor activities. Participants/ Coach/ Chaperone/ Parent/ Legal Guardian (and their families) agree to indemnify, defend and hold harmless from and against all losses, expenses, damages, injuries and liabilities and claims (including attorney's fees, court costs and settlement costs) arising out of or relating to participants's/ coach's/ Chaperone's /Parent's breach of this release or any act of omission of the participant whatsoever;

(2) Participant/ Coach/ Chaperone/ Parent/ hereby gives consent for the NRA/ MYHEC State level Sponsor to provide medical/athleti- training attentions, transportation and emergency medical services as warranted. If the program includes physiological and/or biomechanical evaluations, further consent is given to these evaluations which pose no unusual risks or hazards when customary safeguards are observed. In signing this release, it is sworn that participant/coach/volunteer/staff member is in good physical condition and is not aware of any disease or injury that would result in injury during program participation. **If less than 18 years of age or a minor under the laws of the state where I live, parent or legal guardian shall sign this release.**

I understand that as a registered participant in the NRA/MYHEC, I will not posses or consume ALCOHOLIC BEVERAGES, or ILLEGAL DRUGS on the premises while participating in the NRA/MYHEC Event or in compliance with the club or facilities rules regarding the possession and consumption of alcohol. However under no circumstance will the participant/coach/volunteer/staff member consume any alcoholic beverages during the course of the event. I further understand and agree and abide by the general rules of conduct prescribed for guests of the NRA/MYHEC and that those violations can result in denial of NRA/MYHEC privliges.

Signature of Parent or Legal Guardian of Minor

Date:

PARTICIPATION AND ATHLETIC CODE	
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I, _____ the participant/coach/chaperone/Parent/Legal Guardian of the minor applicant, give my permission for myself/my son/my daughter, to participate in this year's NRA/MYHEC Programs. It is understood that each person participating in the State level Program will: (1) participate fully in all activities, (2) exhibit behavior above reproach at all times, and (3) fully cooperate and comply with all rules and regulations made by the MYHEC program staff, employees, agents and servants. It is further understood that any breach of this code may result in immediate and permanent expulsion from the Michigan Youth Hunter Education Challenge Program. I further agree to allow the MYHEC organization to utilize photographs and other information for advertisement and promotion of the MYHEC Program without compensation. If you do not wish to have your photo published, please include a letter with this Event Release stating so.

Signature of Parent or Legal Guardian of Minor

Date: