

MICHIGAN YOUTH HUNTER EDUCATION CHALLENGE

COACH'S 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 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 or by calling 517-485-6391.

Return completed registration form, registration fee 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 Category		Coach Division		How many registered youth team members will you have? List names of members in section below.
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I choose to: compete for awards participant and not keep score / no awards

Name / Address / Phone Information

First Name		Middle Initial		Last Name	
Nick name		Phone # Day		Phone # Evening	
Street Address			Email Address		
City		State		Zip Code	County

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:		Team Division	Junior	Senior
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Names of Youth Team Member's Names

List all youth team member's - must have five (5) registered team members to be eligible to enter Coach Division

1		4	
2		5	
3		6	

MEDICAL INFORMATION

List medical information we should be aware of in case emergency medical treatment should be required during the event.

INFORMATION ON THE REVERSE SIDE MUST BE SUBMITTED AND SIGNED IN THE 3 AREAS DESIGNATED TO HAVE THIS APPLICATION PROCESSED

Emergency Contact

Name				Relationship			
Address		City		State		Zip	
Phone #			Add'l. Phone #				

Emergency Information

Health Insurance & Physician Information

Health Insurance Carrier		Policy / I.D. #	
Physician		Physician's Phone #	

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

I give permission to MYHEC to authorize emergency medical treatment in the case of illness or accident in which I am unable to make the decision myself.

Participants Signature

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 privlages.

Signature of Parent or Legal Guardian of Minor

Date:

PARTICIPATION AND ATHLETIC CODE

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: