

UP MYHEC Regional Event Registration June 26, 2021

REGISTRATION must be postmarked by JUNE 10, 2021

This document serves as registration for the State/Regional level YHEC Program. Your signature below provides authorization/consent for the duration of this YHEC program. Please complete all sections legibly and accurately. (Incomplete forms will not be processed.) Registration, fees must be enclosed with your registration. No refunds will be permitted. Additional Information is available on our website (www.MYHEC.org).

Please return completed registration form, registration fee and copy of Hunter Safety Card to:

Michigan Youth Hunter Education Challenge (MYHEC)	Email: michiganyhec@gmail.com
Melanie Greenfield	Website: www.MYHEC.org
519 W 20 Mile Rd., Sault Ste Marie, MI 49783	Please make checks payable to: MYHEC
Phone: (906) 440-0483	Registration \$20 NO REFUNDS

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

Event location and Important Information

Chippewa County Shooting Association	Time: approx 8:00 am to 5:00 pm
6670 South Ridge Rd	Lunch will be provided. No open toe shoes.
Sault Ste Marie, MI 49783	Consider wearing long pants, bringing bug spray, and sun block.

Contact Information (please fill in the blanks)

First	Middle Initial	Last
Nickname	Phone #	Phone #
Address		Email
City	State	County
Date of Birth	Junior Division (under 15) <input type="checkbox"/>	Senior Division (under 19) <input type="checkbox"/>

Participant Information

I have participated in MYHEC before: YES NO Need Handicap access to events: YES NO

I have a hunter safety certificate? YES (please provide a copy unless participated in past) NO (Please contact us with anticipated completion date)

Shotgun experience: Never shot before* Beginner* Intermediate

***IMPORTANT:** For any youth that have never shot shotgun before or are a beginner, they will be strongly encouraged to attend at least one shooting session in June which will be held at the Chippewa County Shooting Association prior to the UP Regional MYHEC. Dates TBA.

Tee shirt Adult sizes: Small Medium Large X-Large XX-Large XXX-Large

Coach/Chaperone Information

A coach, parent, or chaperone MUST BE in attendance and be present with the individual/team throughout the State/Regional 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.

Coach Name	Coach phone #	Coach email
Alternative Coach	Alternative Coach Phone	Alternative Coach email

Additional information or comments you would like us to know.

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 and Physician Information

Health Insurance Carrier		Policy ID #	
Physician Name		Physician Phone #	

EMERGENCY CONTACT

Name		Relationship	
Address			
Phone #		Alternative 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
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EVENT RELEASE

Liability / Medical

If injured while traveling to or from (by public, private, or any means of transportation) 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 participant'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/athletic 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 possess 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 privileges.

Signature of Parent or Legal Guardian of Minor	Date
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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
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