

State Abbreviation: \_\_\_\_\_

Head Coach's Last Name: \_\_\_\_\_

Shooting Season: 2024-2025

Enter the date range for which consent is being given,  
for example: 2015-16, 2016-17, etc.



Youth Education in Shooting Sports

## Medical Consent Form

**NOTE: This form must be signed and given to the Head Coach before the Athlete can participate in any USAYESS Event!**

<b>Team Name:</b>		
<b>Athlete Name:</b>		
<b>Address:</b> (No PO Boxes)		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

In the event that the Athlete may require emergency medical care, or in the event the Athlete may become ill, while participating in any USAYESS (USA Youth Education in Shooting Sports) event, Athlete (and Athlete's parent/legal guardian if Athlete is a minor) hereby gives advanced consent to USAYESS (USA Youth Education Shooting Sports) and Governing Bodies, including their respective volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete's parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges to release, waive, discharge and hold harmless USAYESS (USA Youth Education in Shooting Sports) and Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

<b>Athlete Printed Name:</b>	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>List any Athlete allergies, including drug allergies:</b>	

**Parent/Legal Guardian signature required if Athlete is a minor.**

<b>Parent/Legal Guardian Printed Name:</b>		<b>Relationship to Athlete:</b>	
<b>Parent/Legal Guardian Signature:</b>		<b>Date:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>E-mail Address:</b>	

**NOTE: This form is to be retained by the Head Coach. DO NOT send this to Headquarters!**

***This information is strictly confidential and can only be used by registered USAYESS Staff & Volunteers for the purpose of conducting USAYESS supported events.***

[www.usayess.org](http://www.usayess.org)

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## ATHLETE SAFETY PLEDGE CERTIFICATE

### I Hereby Promise:

- I will treat every firearm as if it is loaded at all times.
- I will keep my firearm pointed in a safe direction at all times.
- I will not rest my firearm on my foot.
- I will not rest my hands on the muzzle of my firearm.
- I will only load my firearm when I am on my shooting station.
- I will not step off my shooting station or turn around on my shooting station until my firearm is empty.
- I will carry a semi-auto firearm pointed upwards.
- I will carry a break-open firearm pointed forward.
- I know that an orange sticker on a firearm means that it has a release trigger. (USAYESS does not allow release triggers in any event)
- I realize and understand that safety is everyone's responsibility.
- I will learn and obey all rules of firearm safety.

Athlete signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be kept by the head coach. The head coach may not allow an athlete to participate until this form is signed in his or her presence.