

RANGEBUDDY SHOOTING

PARTICIPANT REGISTRATION AND SAFETY INFORMATION

CONFIDENTIAL - FOR INSTRUCTIONAL AND EMERGENCY USE

Participant and Emergency Information

Full legal name _____
Street address _____
City _____ State / ZIP _____
Phone _____ Email Preferred _____
Date of birth _____ pronouns _____
Emergency contact _____ Relationship _____
Emergency phone _____

Experience and Training

Have you previously handled a firearm? Yes ____ No ____

Have you previously fired a handgun? Yes ____ No ____

Have you completed prior firearms training? Yes ____ No ____

Do you hold a firearms permit or license? Yes ____ No ____ Type/State: _____

Briefly describe your experience, goals, and any concerns:

Health, Accessibility, and Safety Information

The following information is used only to support safe instruction and emergency response. Disclose only information relevant to participation.

Do you have a hearing or vision limitation relevant to instruction? Yes ____ No ____

Do you have a mobility, balance, strength, or dexterity limitation? Yes ____ No ____

Do you have a condition that could cause fainting, seizure, confusion, or sudden impairment? Yes ____ No ____

Do you have allergies or emergency medications staff should know about? Yes ____ No ____

Are you taking medication that could impair alertness, judgment, coordination, or reaction time? Yes ____ No ____

Relevant details, accommodations requested, allergies, or emergency instructions:

Participant Certification

I certify that the information above is accurate to the best of my knowledge. I will promptly notify the instructor of any change that could affect safe participation. I understand that I must not participate while impaired or when a health condition makes participation unsafe.

Participant Printed
Name

Date

Participant Signature

Time

Parent/Guardian (if
minor) Printed Name

Date

Parent/Guardian (if
minor) Signature

Time

Instructor Review
Printed Name

Date

Instructor Review
Signature

Time
