Weekend / Event
Participant Registration

_____
Name (First) (Middle) (Last)

_____
Address City State Zip

_____
Telephone (home) (cell) (other)

_____
Date of birth (mm/dd/yyyy) (Grade)

What size jacket do you wear? _____ What size coveralls do you wear? _____
Have you ever Hunted? _____ Have you ever killed an animal? _____
Allergies to anything? _____
Do you own a weapon? _____ Caliber? _____
You must provide an Ice Chest if you want to take your meat home.

Allergies or Medical Requirement/Restrictions (all medicine must come in prescription bottle with participants name on bottle and instructions)

Each parent or guardian must complete both a Participant Registration Form and a Waiver and Release for the child and each parent or legal must fill (The Parent or Legal Guardian Application)

_____
Parent or Guardian (First) (Middle) (Last)

_____
Telephone (Home) (cell) (other)

Wild Country Offroad may photograph individuals for use with videos, internet, or other media. If you do not want your child photographed, please check here _____.

Forms must be returned by one of the following methods:

1. Email: WC_Outdoors@wcoffroad.com 2. Mail: P O Box 1233 Leakesville, MS 39451