



KARAN SHOOTING ACADEMY

Near Sai Mandir, Behind Bus Stand, Ladwa (Kurukshetra)
Pin Code: 136132 HARYANA Phone: +91-9466891756, +91-9467391756
E-Mail: karanshootingacademy@gmail.com



Shooter's Registration Form

Shooter Name: _____

(Use Capital Letters Only)

Mother's Name: _____

(Use Capital Letters Only)

Father's Name: _____

(Use Capital Letters Only)

DATE OF BIRTH with Certificate*: _____

PLACE OF BIRTH: _____

Sex: MALE FEMALE

State/Unit of Representation: _____

Event: RIFLE PISTOL

Telephone Numbers (Please apply area code):-

Mobile No.: _____ Home: _____

E-Mail ID: _____

Educational Qualification: _____

Present Address: _____

Permanent Address: _____

Pin Code: _____

Pin Code: _____

DECLARATION:-

I hereby declare and confirm that all the entities provided in this registration form are Correct I under take that, in case any information furnished by me should to be false or incomplete or any material information canceled all my claims for the registration will stand forfeit .

(Signature of Shooter)

(Signature of Parents/Guardian)

(Signature of President/Secretary of Karan Shooting Academy/Unit with Stamp)

Place: _____

Date: _____

Note: -*1. All Shooters must attach their Date of Birth Certificate/Passport Copy Duly Attested by a Gazetted Officer or Self Attested.



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Membership Form

Applicant Name: _____

Name of the Parents/Guardians: _____

Date of Birth with Certificate: _____ Age: _____

Sex: _____ Blood Group: _____

Telephone Numbers (Please apply area code):

Mobile: _____ Home: _____

E-Mail ID: _____

Present Address: _____

Permanent Address: _____

Pin Code: _____

Pin Code: _____

Are you affiliated to any other shooting/Other Sports, Association? If Yes Please List _____

Passport size photo
with a cross sign

Seeking Membership for {Tick v any of the following in this}

FOR NEW MEMBERS	FOR EXISTING SHOOTING PLAYERS
Annual Membership <input type="checkbox"/>	Annual Membership <input type="checkbox"/>

Please attach ATTESTED Photocopy of your valid Photo I.D proof, Date of Birth; present and permanent address Certificates with application.

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GENERAL RULES

1. It is Mandatory for all shooters to produce K.S.A I.D card as and when required during regular practice.
 2. Before occupying the lane, please sign the 'lane register' and pay the appropriate 'lane fees'. Occupy the lane, which may be allotted to you by the range staff, range Officer.
 3. Obey all commands of the range officer or senior shooter.
 4. On hearing the command 'ceasefire' or 'stop' you must unload your weapon, including magazine forth with, and put it on the table in 'breach open' condition, barrel Pointing down range. All weapons must remain unloaded and not touched by anyone while 'ceasefire' command is on.
 5. Nobody is permitted to enter the ranges or move in the Karan Shooting Academy premises with weapons in the waist and/or shoulder holsters which can be seen or are visible directly or indirectly, except law enforcing officers on duty. Nobody is permitted to move in any area of the range with nude hand guns i.e. Hand guns without a case that can be seen. All handguns must be kept in the case and can be taken out on the firing point only.
 6. You are totally responsible to acquaint your guests and family members who may accompany you, with all the safety and range rules. You will be liable for disciplinary Action in the case of breach of any of the safety or range rules by your guest or family members.
- No one under the age of 18 is allowed on the ranges without a parent or guardian.
 - Children must be at least 12 years old to shoot fire arms.
 - Children under the age of 14 must be assisted a tall time by a parent or Range Safety Officer.
 - Never use alcohol or drugs before or while shooting.
 - No pregnant women are allowed in the shooting ranges.

“Always remember that guns are not toys and should be treated with respect.”

Declaration:

By signing this application, I hereby agree to abide by the Constitution, By-Laws and Regulations of Karan Shooting Academy and any other rules or directions that may be, from time to time imposed by Academy management. I also acknowledge that personal information about myself may be collected by the academy in accordance with the Privacy Act and academy Privacy Policy.

FOR OFFICE USE ONLY (To be Verified by KSA Office) Registration Number _____	Fees Paid: Cash <input type="checkbox"/> Chq. <input type="checkbox"/> D.D. <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Chq/DD No./Trans.Reference/ Bank details.	Date-of-Joining: _____ Valid up to: _____
Signature of the Candidate:- <input style="width: 250px; height: 30px;" type="text"/>		
Signature of parents/guardian{in case of minor bellow 18 years} :- <input style="width: 250px; height: 30px;" type="text"/>		
Karan Shooting Academy President/Secretary Signature:- <input style="width: 400px; height: 30px;" type="text"/>		