PARENTAL CONSENT FORM – CROSS BOW ACTIVITIES

PLEASE NOTE: SPECIFIC PARENTAL PERMISSION IS NEEDED BEFORE A YOUNG PERSON CAN TAKE PART IN THIS ACTIVITY.

**The Crossbows Act 1987 (amended 2006)**

Section 44 of the Violent Crime Reduction Act 2006 amends the Crossbows Act 1987 to raise from 17 to 18 the age at which a person can lawfully buy, hire, be sold or hired a crossbow, or possess a crossbow without supervision of a person aged 21 or over. Penalty for breaking this law £400 fine.

A crossbow can also be considered an offensive weapon. It is illegal to carry an offensive weapon in a public place without lawful authority or reasonable excuse. Sentence: 6 months imprisonment and/or £2000 fine.

There are also heavy penalties for injuring or killing animals with a crossbow. Offenses include causing unnecessary suffering to a domestic or captive animal and killing or injuring and wild animal or bird with a crossbow. Sentence: 6 months imprisonment and/or £2000 fine.

**Proposed** **activity**: - Cross Bow Target Shooting **Dates**:  **Start** **time**  **Finish** **time**Cost: -
Additional information. Scouts will be instructed and taught the safe use of Cross bows and All Leaders will be qualified to the Scout Association's rules for shooting, if in doubt please ask.
**Leader:**  **Signature**: **Date**:
**Phone No**:

If any additional information is required, please do not hesitate to contact the Leader of the activity.

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**Parent's or Guardian's consent**

(Before signing please read attached extracts printed on the reverse of the form)

I being the parent/guardian of the person named below hereby give my permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of young person) to take part in **Crossbow shooting** and for the Leader to sign any medical forms in event of any accident if quick contact cannot be made.

Please state if your Son or Daughter has a disability or condition, which might affect the activity:

Please indicate details of any medical treatment he/she is receiving at the moment: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_