

Student Information Form

COMPLETE THIS FORM FOR STUDENTS NOT PRE-REGISTERED AND CANNOT REGISTER ONLINE

STUDENT INFORMATION PLEASE PRINT CLEARLY (* required information)

* First Name: _____ MI: _____ * Last Name: _____ Suffix: _____

* Mailing Address: _____ *Physical Address: _____

* City: _____ * State: _____ * Zip: _____

* Phone: _____ * Date of Birth: _____ (month/day/year)

* Email: _____ Gender: _____

* Emergency Contact Name: _____ * Phone: _____

PLEASE CIRCLE: WHO WILL YOU MOST LIKELY HUNT WITH?

Father

Friend

Mother

Relative

Grandparent

Alone

Sibling

Other

Spouse

OPTIONAL INFORMATION (CIRCLE RESPONSE)

Ethnicity: American Indian Asian/Pacific Hispanic White African American (Black) Other

Disability/Impairment: None Visual Hearing Reading Mobility Other

CLASS INFORMATION (To be completed by instructor)

Student Certification No.: _____ Class ID: _____

Class Type: HE _____ BHE: _____ Bow: _____ Trapper: _____ Wolf Trapper: _____

Instructor-led: _____ Field Day Only: _____

Instructor: _____

Course Fee (\$8) Paid by: Check _____ Check # _____ Cash _____



Parental Acknowledgment Form

Required for individuals less than 18 years of age to participate in Hunter Education courses.

Parental Acknowledgement and authorization to Hunter Education Program instructor.

I / We, hereby give permission for

NAME OF STUDENT

To attend the Idaho Hunter Education Program Courses and Clinics. In consideration of the above-named student being permitted to attend this course and in consideration of the instruction and use of facilities provided by the instructors and

(OTHER SPONSORING ORGANIZATIONS, IF ANY)

We hereby acknowledge that any claim of bodily injury or for damages arising as a result of, or in connection with the instruction or the use of these facilities by the above-named student or arising from the student's presence on or about the property or facilities of the Idaho Department of Fish and Game, said organization, their representatives or instructors shall be governed by the Idaho Tort Claims Act (Idaho Code Sec. 6-901, et. seq.). I / We also authorize certification of the student if all qualifications are met.

Dated this _____ day of _____, 20_____.

Parent or Guardian Signature _____

Student Grade Level _____

Printed Name _____
Parent or Guardian

