



NATIONAL RIFLE ASSOCIATION OF AMERICA

11250 WAPLES MILL ROAD
FAIRFAX, VA 22030

Education & Training Division

Coach Programs (703) 267-1589
Fax (703) 267-3999

Advanced Junior Shooting Camp Jericho, Vermont Smallbore rifle only

Dear Prospective Rifle Camp Applicant:

I am pleased to send you this 2013 NRA Advanced Junior Shooting Camp (AJSC) application.

The AJSC provides an excellent opportunity to hone your **competitive** rifle shooting skills this summer. The camp features lots of one-on-one coaching as well as evening classes on important topics like rules, collegiate shooting, nutrition, mental focus, training plans and much more.

The camp is led by top-level coaches who are members of the NRA/USAS/CMP National Coach Development Staff (NCDS). With decades of combined coaching experience, these coaches provide a level of training not available anywhere else in an environment that is both challenging and fun.

Please take the time to read and complete the application in its entirety. **Incomplete applications may result in your not being accepted to camp.** The age restriction is for athletes 14 to 20 years old. We are sorry, **but no one under 14 will be considered.**

Since we can only accept shooters up to maximum range capacity, we will select the best of the applicants. Notification of selection is made approximately one month before the start of the camp to allow for travel arrangements. Send in your application **to arrive** as soon as possible, **but not later than May 15, 2013.** You may supply additional information, such as other match scores, any time after your initial application.

The Vermont Advanced Junior Shooting Camp will be held at the Vermont National Guard Camp Ethan Allen Training Site near Jericho, Vermont. (Smallbore rifle only.) Camp dates for **Vermont Rifle** are **arrival 18 June and departure the evening of 25 June or morning of 26 June.**

Unfortunately, we must reserve the right to cancel the camp if participation is less than the minimum number of participants, so don't wait, get your application in early. Camp dates are correct as of this date, but may shift slightly due to travel requirements or unforeseen circumstances.

Please send your completed camp application directly to me at:

Coach Paul Davis
Attn: AJSC Vermont Rifle
424 Perrin Ave.
Union, SC 29379
paulLdavis@charter.net
864-427-0654 (h)

Send Your Application by May 9, 2013, so that it will be received no later than the May 15 deadline!

Fees

The camp fees for 2013 are \$375.00. This fee includes instruction, targets, lodging, and meals. The remainder of the camp overhead cost is covered by a generous grant from the NRA Foundation. Your travel to and from the camp location is your responsibility along with ammunition and personal expenses. **Please DO NOT send your camp fee or arrange for travel until you receive notification of acceptance.** An email will be sent to each applicant informing them of their status at approximately four weeks before the start of the camp.

Please take the time to complete this application with its attachments and add any amplifying information that you think will help us understand your abilities. The ***Rifle Application Form*** **MUST BE COMPLETED BY THE ATHLETE**, and must be filled out by hand (no typed applications will be accepted). Please be certain that you fill it out legibly.

Please make sure **that both you and your parents read and sign the “Athlete’s Agreement.”** **Further all the forms attached must be properly completed, signed, and returned to me by 15 May. This is critically important.** Additionally, if you are under 18 years of age, your parents must sign the photographic release for us to use your pictures in any publications. If selected, you will receive a camp package with specific camp rules, a schedule of events, and other documents that will need your immediate attention.

Please use my email address for communication as I will often be out of town.

Good luck, good shooting, and we hope to see you in the summer.

Sincerely,

Paul Davis

Head Coach

Attachments:

Application Resume

2013 NJASC Medical Information Form

Special Power of Attorney

Camp Rules

2013 NRA NATIONAL ADVANCED JUNIOR SHOOTING CAMP

Rifle Application Form

Jericho, Vermont, June 18 to June 26

Name: _____ Social Security Number (SSN): XXX-XX-_____

Date of Birth (mm/dd/yyyy): ____/____/_____ Age: _____ Gender ____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: *please write neatly* _____

T-Shirt Size: Medium Large X-Large XX-Large

I have an automatic invite based on my participation in the 2012 Intermediate Junior Rifle Camp at Camp Perry, Ohio. A copy of your certificate **must** be attached.

INDIVIDUAL INFORMATION:

My best **Three Position Smallbore Rifle (only)** scores in a National Championship, National Junior Olympic Championships, Regional, or Sectional competition are (**attach bulletins**):

My best **Three Position Smallbore Rifle (only)** scores in league, local, or state matches (including State Junior Olympic Championships) are (**attach bulletins**):

Describe how you mentally prepare for a match (use added sheets as needed):

Describe your physical training program:

What is your current grade point average (attach a copy of your most recent report card):

You may attach additional copies of match bulletins, letters of recommendation, or any other documentation you may wish the camp head coach to consider. This application **MUST BE COMPLETED BY THE ATHLETE**, and must be filled out by hand (no typed applications will be accepted).

2012 NRA NATIONAL ADVANCED JUNIOR SHOOTING CAMP

Rifle Application Form

Jericho, Vermont, June 18 to June 26

PHOTOGRAPH RELEASE/AGREEMENT

(I DO) (I DO NOT) authorize NRA Shooting to photograph my person or property and to publish such photographs for any lawful purpose.

Athlete's Signature: _____

Parent's Signature (if athlete is under 18): _____

ATHLETE AGREEMENT:

I agree to comply with the rules and regulations of the National Rifle Association/USA Shooting Camp, to follow instructions as given by the camp staff, and to conduct myself in a safe and responsible manner. I further agree that I will not consume large amounts of sugar, nor smoke or chew tobacco, nor consume large amounts of caffeine, nor consume any alcoholic beverages or illegal drugs while attending this camp.

I am in sound physical condition and can participate in school physical activities. I have attached a copy of the required Medical Information Form.

I have listed below any exceptions or unusual circumstances that coaches may need to know for me to participate in a safe environment:

Limitations (if none, so state): _____

Athlete's Signature: _____

Parent's Signature: _____

(Required regardless of age of the athlete)

Applications with properly completed documents listed on the cover letter must be received no later than May 15, 2013. Applications received after that date will be considered only on a space available basis.

Send completed Application to:

Coach Paul Davis

Attn: AJSC Vermont Rifle

424 Perrin Ave.

Union, SC 29379

paulldavis@charter.net

864-427-0654

You may attach additional copies of match bulletins, letters of recommendation, or any other documentation you may wish the camp head coach to consider. This application **MUST BE COMPLETED BY THE ATHLETE**, and must be filled out by hand (no typed applications will be accepted).

Send Your Application and the completed following forms by **May 9, 2013** so that it will be **received** no later than the **May 15 deadline**.

**NRA ADVANCED JUNIOR SHOOTING CAMP
MEDICAL INFORMATION FORM**

The Medical Information form will be kept onsite with Camp Staff for the duration of the camp. This form requests basic medical history information and will be retained at NRA 18 months after the camp is over and then destroyed.

DATE: _____ SOCIAL SECURITY NUMBER OF ATHLETE: XXX - XX - _____

NAME OF CAMP ATHLETE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

PARENT (or guardian) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____

EMERGENCY CONTACT #1 NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____

EMERGENCY CONTACT #2 NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____

PRIMARY CARE PHYSICIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ CELL PHONE: () _____

Health/accident insurance carrier and appropriate policy certificate number: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD(S)

To be completed by the attending medical official (Physician, Physician's Assistant or Nurse Practitioner).

Does this athlete have any chronic or acute medical problems? YES: _____ NO: _____

If so, please explain: _____

List any allergies to food, pollen, insects, or medicine: _____

Are any of these allergies potentially serious e.g. severely allergic to peanuts? _____ Explain _____

List any medications being taken at present time: _____

(Medical Information Form – continued)

List any other condition(s) we should be aware of, particularly those which would be problematic in a remote training site with communal living: (Ambulance is at least 15 minutes away.) _____

This athlete is released for full, unrestricted participation in the 2013 NRA National Junior Advanced Shooting Camp.

Signed by Doctor/PA/ Nurse Practitioner: _____

Date: _____

Name of Parent/Guardian: _____

Signature: _____ **Date:** _____

Witness:

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

ADVANCED JUNIOR SHOOTING CAMP RULES

1. The following rules, concerning individual conduct, apply equally to each athlete while you attend camp. Following these rules will assist the staff, your coaches, and you, enabling you to get the most out of your camp experience and time investment.

- a. Directions provided to you by coaches must be followed and you are to consider their instructions as if the head coach issued them.
- b. Please show respect and courtesy to coaches and National Guard employees. These people are here to help you. They will support you, but you also need to support them.
- c. Follow the training schedule supplied to you at the beginning of camp. Changes may be made, and if so, write the change on the schedule.
- d. Each athlete is required to participate fully in any physical training program unless excused for medical reasons. We must have a written explanation from your doctor if this is the case.
- e. Be prompt for all activities. Anticipate what you are going to do and what equipment you will need to accomplish the task. **Plan Ahead!**
- f. Bring your Athlete Books (issued at camp) and a pen to all training sessions and evening instruction sessions.
- g. At no time will the use of alcoholic beverages be permitted. Use of these items, tobacco, or illegal drugs will automatically terminate your training opportunity. This will be strictly enforced. **NO EXCEPTIONS.**
- h. Theft, cheating, or willful destruction of property may result in your termination from the camp. **NO EXCEPTIONS.**
- i. After the initial check-in, athletes under 18 will not be allowed to use their automobiles until the Camp is concluded unless permission to use your automobile is obtained in advance from the Head Coach. **NO EXCEPTIONS.**
- j. When members of the opposite sex are visiting in the same dorm room the door must remain wide open at all times. **NO EXCEPTIONS.**
- k. Quiet time begins at 10:00 p.m. nightly and must be observed by all camp participants. This is a courtesy to all camp participants.
- l. Please keep all camp, training areas, and range areas neat and clean. We are all guests and we want to continue to be able to use the facility currently being offered.
- m. No gambling.
- n. No smoking.
- o. Athletes under 18 may not leave campus unless accompanied by a coach and athletes over 18 **must gain permission from the Head Coach before leaving and immediately inform their coach upon return.**

(Shooting Camp Rules – continued)

- p. Athletes are not permitted in the pool or lakes (if available) except when scheduled for swim or canoe activities supervised by a lifeguard.
- q. An athlete may be sent home (parents will be called to make arrangements for travel) if involved in any of the following:
 - Deliberate destruction of facilities or equipment.
 - Possession or use of fireworks, firearms, or knives except under adult supervision.
 - Possession or use of alcoholic beverages, illegal drugs, or tobacco.
 - Girls visiting boys or boys visiting girl’s sleeping rooms after lights out.
 - Any serious breach of discipline or inappropriate conduct e.g. a physical altercation, seriously disruptive behavior, cheating, theft.
 - Failure to obey lawful and reasonable directions from the coaching staff.
 - Entry into Off Limits areas
- r. **REFUND POLICY** — Refunds will be provided up to seven days prior to the start of camp for family tragedy, sickness, or injury (with Dr.’s. excuse). Twenty-five percent of the camp fee is non-refundable. Refunds will not normally be given after the start of camp. All requests for refunds must be in writing to the Head Coach. In case of extenuating circumstances, the Head Coach reserves the right to handle refunds on a case-by-case basis.

2. With an attitude that is committed to doing the right thing we can achieve what we set out to accomplish. Let’s work together to make this camp a success

Camper Signature

Parent Signature

SPECIAL POWER OF ATTORNEY

2013 NRA NATIONAL JUNIOR ADVANCED SHOOTING CAMP

CAMP ETHAN ALLEN, VT June 18 - 26 2013

KNOW ALL MEN BY THESE PRESENTS, That I, _____, a legal resident of the State of _____, and residing at _____ have made, constituted and appointed, and by these presents do make, constitute and appoint, any and all of the following adults,

1. Paul L Davis 424 Perrin Ave, Union, SC 29379
2. John Crossman 323 Keach Court, Steilacoom, WA 98388
3. Margaret Langfield 4121 Napa Court, Orlando, FL 32817-3806

to be my true and lawful attorney, to do and execute, or to concur with persons jointly interested with myself therein in the doing or execution of all or any of the acts, deeds, things, and purposes, which are hereinafter expressed:

To authorize any and all medical and hospital care and treatment, either preventive or corrective, including major surgery deemed necessary by a duly licensed staff physician, at any hospital for my child listed below in order that his/her health and well being can be maintained or enhanced while participating in the 2013 NRA National Junior Advanced Shooting Camp.

To perform any and all administrative functions associated with my child's participation in the camp cited above.

Name of child: _____ SSN Last 4: _____

GIVING AND GRANTING unto my said attorney full power and authority to perform every act, deed, matter and thing whatsoever that shall be necessary, desirable, or convenient to accomplish the ends and purposes for which this Special Power of Attorney is granted as fully and effectual as I might or could do in my own proper person if personally present, and thereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

The actions authorized by this Special Power of Attorney are intended to create only the authority to act; this Special Power of Attorney is not intended to create any obligation on the part of my attorney-in-fact to act. My attorney-in-fact shall neither be liable for the failure to act nor for the failure to consider taking any of the actions authorized in this Special Power of Attorney. My attorney-in-fact, while acting in good faith, is released from any liability to me, the child for whom this Special Power of Attorney is being created my estate, my family, my heirs, or my beneficiaries, for any acts or failures to act by my attorney-in-fact, except for willful misconduct or gross negligence. I agree to indemnify and hold my attorney-in-fact harmless from any liability and expense, including attorney's fees that my attorney-in-fact may incur as a result of serving under this Special Power of Attorney, except for liability or expense arising from willful misconduct or gross negligence.

By signing below, I indicate that I am emotionally and mentally competent to make this document, and that I understand the purpose and effect of this instrument.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from after June 27, 2013.

THIS SPECIAL POWER OF ATTORNEY SHALL NOT TERMINATE UPON THE DISABILITY OF THE PRINCIPAL.

IN WITNESS THEREOF,

I have hereunto set my hand and seal this _____ day of _____, 2013.

GRANTOR'S SIGNATURE

STATE OF _____.

COUNTY OF _____.

Acknowledged before me this _____ day of _____, 2013.

_____ My commission expires _____

Notary Public