

St.Lucia Shooting Association

P.O. Box CP5502

Castries, St.Lucia

West Indies

www.shootstlucia.com or email: shootstlucia@candw.lc



APPLICATION FORM

I HEREBY MAKE APPLICATION TO THE SAINT LUCIA SHOOTING ASSOCIATION AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ASSOCIATION

FULL NAME OF APPLICANT: _____

HOME ADDRESS: _____

PHONE NO: _____ FAX: _____

EMAIL ADDRESS: _____ CELL: _____

NAME OF EMPLOYER: _____ PHONE NO: _____

OCCUPATION: _____ DATE OF BIRTH: _____

NATIONALITY: _____ PLACE OF BIRTH: _____

PREVIOUS SHOOTING EXPERIENCE: _____

REASONS FOR APPLYING: _____

INTEREST: RIFLE SHOOTING PISTOL SHOOTING SHOTGUN SHOOTING

HAVE YOU EVER APPLIED TO THE POLICE FOR A FIREARM LICENCE? IF SO, PLEASE STATE RESULTS OF APPLICATION: _____

DO YOU OWN A FIREARM: YES NO TYPE & CALIBRE _____

HAVE YOU EVER BEEN CONVICTED, CHARGED OR ARRESTED? YES NO

IF YES, PLEASE GIVE DETAILS: _____

ARE YOU OR WERE YOU A MEMBER OF ANY CLUB OR ORGANIZATION? IF SO, STATE NAME(S) AND OFFICE HELD, IF ANY: _____

I HEREBY CERTIFY THAT I AM NOT A MEMBER OF ANY ORGANIZATION WHOSE OBJECTIVE IS TO OVER THROW THE GOVERNMENT OF SAINT LUCIA. NOR DO I HAVE INTENTIONS OF WORKING TOWARDS THE DETRIMENT OF THE SAINT LUCIAN SOCIETY.

SIGNATURE: _____

DATE: _____

THIS APPLICATION MUST BE ACCOMPANIED BY TWO (2) WRITTEN CHARACTER REFERENCES (ONE PERSONAL AND ONE WORKING REFEREE), A POLICE CERTIFICATE OF CHARACTER, A COPY OF YOUR FIREARM LICENCE(S), A COPY OF YOUR CERTIFICATE OF FIREARMS COMPETENCE AND PROFICIENCY, AND A PASSPORT SIZE PHOTO, DULY CERTIFIED.



ANY FALSE DECLARATIONS MADE ABOVE WILL RESULT IN YOUR IMMEDIATE EXPULSION FROM THE SAINT LUCIA SHOOTING ASSOCIATION. SHOULD YOU HAVE ANY QUESTIONS RELATING TO THIS APPLICATION OR WISH TO KNOW MORE ABOUT THE SAINT LUCIA SHOOTING ASSOCIATION, GO TO OUR WEBSITE AT WWW.SHOOTSTLUCIA.COM OR EMAIL US AT SHOOTSTLUCIA@CANDW.LC

REFERENCES

PERSONAL REFEREE: SOMEONE WHO HAS KNOWN YOU FOR AT LEAST FIVE (5) YEARS

NAME: _____ **PHONE NUMBER:** _____

WORK REFEREE: SOMEONE WHO IS/HAS BEEN YOUR WORK SUPERVISOR FOR AT LEAST THREE RECENT YEARS:

NAME: _____ **PHONE NUMBER:** _____

WAIVER, RELEASE AND COVENANT NOT TO SUE

By virtue of THE SAINT LUCIA SHOOTING ASSOCIATION, permitting me to become a financial member of the Association and **in consideration** of the Association **permitting me** to engage in firearm shooting activities of the Association whether the same are held in Saint Lucia, Regionally or Internationally, I on my own behalf and on behalf of my heirs, representatives, administrators and assigns, **hereby waive and release** any and all claims, demands causes of action, suits and rights that I, or anyone on behalf, might have against the Association, its Executive, management team or officers, for personal injury, death, loss or damage to my property which I (or anyone claiming by or through me) may have against the Association, its Executive, management team and/or officers, as a result of my taking part in the firearm shooting activities sponsored by, sanctioned by or approved by the Association, its Executive, management team and/or officers.

I UNDERSTAND AND ACCEPT THAT ENGAGING IN FIREARM SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN VERY HAZARDOUS AND DANGEROUS ACTIVITIES WITH ACCOMPANYING RISK OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, **AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.**

I DECLARE FURTHER THAT I AM OVER TWENTY-ONE (21) YEARS OF AGE.

And that I have read and understand the foregoing provisions of this WAIVER, RELEASE AND COVENANT NOT TO SUE and I have executed this instrument voluntarily on this date.

I recognise that the Association, its executive, management team and officers are not obliged to permit me to participate in any of the Association's activities and may terminate my participation in such activities at any time and for any reasonable cause.

This instrument shall remain in **full force** for the entire duration of my tenure as a member of the SAINT LUCIA SHOOTING ASSOCIATION.

DATED: _____ **SIGNATURE:** _____

WITNESS:

FULL NAME (Please Print)

Address

FOR OFFICIAL USE ONLY

ACCEPTED REFUSED PROBATIONARY MEMBER DATE: _____

ACCEPTED REFUSED FULL MEMBER DATE: _____

REMARKS: _____ DATE OF INTERVIEW: _____ INTERVIEWER: _____
