



# KARAN SHOOTING ACADEMY

Opp. Telephone Exchange, Mohan Nagar, Kurukshetra  
Mobile No:- 94668-91756 , 94673-91756  
Email :- 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: \_\_\_\_\_



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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 ✓ 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.

Page Continue.....

## 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.

<b>FOR OFFICE USE ONLY</b> (To be Verified by KSA Office) Registration Number _____	<b>Fees Paid:</b> 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:- <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>		
Signature of parents/guardian{in case of minor bellow 18 years} :- <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>		
Karan Shooting Academy President/Secretary Signature:- <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px; vertical-align: middle;"></span>		