NA-01216-05(08/00)

Division of Enforcement
Education Section

REGISTRATION AND PARENTAL RELEASE

THIS IS A LEGAL DOCUMENT

The information provided here must be complete and accurate. This information will be used to generate a Department of Public Safety Identification Number,(Driver's License Number) which is the safety certificate number.

Mark type of safety class: Firearms SNOWMOBILE Adult SNOWMOBILE Youth ATV Advance Hunter Bow Hunter Clinic

Print or Type: **FULL LEGAL NAMES** (verify with Driver's License or Birth Certificate)

Student's LEGAL Name LAST	FIRST	MIDDLE

Date of Birth (M/D/Y)	Gender	Drivers Licence Number	Telephone Number

Complete Mailing Address (No. & Street, RFD, and/or PO Box No., City, State, Zip Code

IMPORTANT: By law, you are not required to furnish all information requested above, but to generate a Department of Public Safety Identification Number, which will become public record, the above information is required.

The following information is provided voluntarily to assess the variety of individuals we are serving through our Education Programs.

Ethnic Background: Code: _____ Codes: AA - Asian American; BL - African American; C - Caucasian; H - Hispanic; NA - Native American O - Other	Disability: Code: _____ Codes: E - Emotional; H - Hearing; M - Motor; MU - Multiple; S - Sight

NOTE: The firearm program requires shooting of live ammunition. The youth snowmobile program requires a ride on a snowmobile.

I hereby give permission for the above named student to attend the Minnesota Safety Education Training Program as specified above, and agree to furnish all the above information as requested.

It is understood that permission to attend the Minnesota Safety Training Program involves instruction by Minnesota Safety Training Instructors, as well as the use of these privileges of attendance, I hereby waive any claim or cause of action of any nature arising as a result of, or in connection with, the instruction or use of the aforementioned facilities by the above named student, or arising from his or her presence on or about the said facilities of the said organization, its instructors or representatives.

Does this student have special needs or behavior problems the instructor should be aware of? Yes No

Signature of Parent, Guardian or Adult Participant	Date

TEMPORARY SAFETY PERMIT (Expires 120 days after issue date, except for clinics)

This is to certify that the above named student successfully completed the above marked Minnesota Safety Training Program or clinic.

Instructor Signature	Instructor Number	Date completed

STUDENT TRAINING RECORD **CLASS ATTENDANCE**

Student Fee Paid	Stamped Self Addressed Envelope	Field Trip/ Riding Test	Pass/Fail Written Examination	1	2	3	4	5	6	7	8	9	10

***ELS Vendors, Please Note: A Firearms License may be sold to this individual. Questions should be directed to 1-888-665-4236**

This student successfully completed this course This student did not complete this course

Reason:_____

DISTRIBUTION: WHITE - Instructor CANARY -Student