



BEYOND THE BLIND HUNTING EVENT APPLICATION **FORM**

Applicant Information

Child's Legal Name (First and Last):

Date of Birth (MM/DD/YYYY): _____

Gender: _____

Health and Physical Information

Illness/Disability/Disadvantage (Please describe):

Summary of Physical Limitations (Please describe):

Special Needs or Accommodations (Please describe):

Any Life-Threatening Diseases (Known or Suspected):

Wheelchair Bound? (Please select one)

- ☐ Yes (Powered)
- ☐ Yes (Manual)
- ☐ No

Able to Walk? (Please select one)

- ☐ Yes
- ☐ Yes, with limitations (Please describe): _____
- ☐ No

Any Allergies or Dietary Restrictions? (Please list):

Hunting Experience and Skills

What type of experience does the applicant aspire to have? Any specific request?

Can the child follow basic commands? ☐ Yes ☐ No

Has the child ever hunted before? ☐ Yes ☐ No

Has the child ever killed a deer or any animal before? ☐ Yes ☐ No

Can the child hold a gun? ☐ Yes ☐ No

Can the child pull the trigger of a gun? ☐ Yes ☐ No

Can the child climb stairs or ladders? ☐ Yes ☐ No

Guardian Information

Guardian's Legal Name (First and Last): _____

Phone Number: _____

Email: _____

Relationship to Child: _____

Resident Address

Street Address: _____

City: _____ State: _____

Zip Code: _____

Referral Information

How did you hear about Beyond The Blind?

Declaration and Consent

By signing this application, I acknowledge that I have provided accurate and complete information to the best of my knowledge. I understand that **Beyond The Blind** may use this information to determine the eligibility and appropriateness of the child's participation or selection in the event. I also consent to the use of any images, photos, or videos taken during the event for promotional purposes.

Guardian's Signature: _____

Date: _____