

ALASKA DEPARTMENT OF FISH AND GAME

HUNTER INFORMATION AND TRAINING PROGRAM

STUDENT CONSENT (ALL students must fill out this form, regardless of age. If the student is under 18, a parent or guardian should fill out and sign this form.)

Student's Name Last First Middle initial

Date of Birth month / day / year [ ] Male [ ] Female (check one)

Residence Address Address City State Zip

Mailing address Address City State Zip

- A. By my signature below, I authorize myself or the above named student to enroll in Alaska's Hunter Education Program...
B. I further acknowledge that I/he/she will be tested on the course topics which include proper handling of hunting equipment...
C. Does the student named above have any physical or learning disabilities that the instructor should be aware of?

If answered yes, please describe

- D. I hereby give permission for myself or the above named student to attend the Hunter Information and Training Program (HIT), as specified above.

Signature of Student (or Parent/Guardian if student is under 18 years old) month / day / year

Phone# ( )

PLEASE GIVE THIS FORM TO YOUR INSTRUCTOR