

Vermont Hunter Education Program Student Registration Form

If you registered for this class online, you do not need to fill out this form.



Student Information:

First Name: _____ Middle Initial _____ Last Name: _____ Suffix: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender Identity: _____

E-Mail Address (or e-mail address of parent, if under 16): _____

Do you have a Lifetime License that needs to be activated (circle one)? Yes No

Walk-In Student (circle one)? Yes No Phone Number: ()- _____ - _____

Mailing Address (if different from physical address): _____ City: _____

State: _____ Country: _____ Mailing Zip Code: _____

Ethnicity (circle any/all that apply): African American Asian/Pacific Islander Caucasian Hispanic Native American Other

How did you hear about this class? _____

Rate your experience registering for this class (circle one): Very Hard Hard OK Easy Very easy

Favorite outdoor activity (circle one): Fishing Hiking Camping
Canoe/Kayaking Bird Watching & feeding Target shooting
Hunting or going with a hunter Trapping or going with a trapper

Hunting Experience (circle one): None Minimal Moderate Experienced

Firearm Experience (circle one): None Minimal Moderate Experienced

Class Type (circle one): Hunter Education Bowhunter Combo(Hunter/Bow) Trapper

Class Start Date: _____

I understand and agree to the terms of parental consent (see back):

I understand and agree to the terms of the photo consent (see back):

Can we notify you by e-mail about upcoming events, for questions about this course, etc.?: Yes No

Parent Signature (if under 16): _____ Date: _____

Return this form to your instructor on the first day of class.

Instructor Use Only	
Student Results	
Pass _____	Fail _____
Audit _____	Other _____
Instructor Name (print):	

Instructor Signature:	

Parental Consent Form

Directions: All students under 16 years of age are required to bring a completed, signed parental consent form to their hunter education class. Please present this form to your instructor at the start of class.

I, _____, the legal parent/guardian of _____, give consent to attend the Vermont Hunter Education course.

I understand that participation in this program may expose my child or ward to the many risks associated with learning to hunt. I understand that the activities will include but not be limited to, risks associated with outdoor recreation; handling firearms and bows and arrows, and target shooting. I expressly assume these and all other risks associated with the Hunter Education Course. I hereby release and forever discharge, the State of Vermont, the Department, its agents, employees, volunteers, and other officers, from all actions, causes of action, damage claims, demands or judgments, which my child, I, our heirs, executors, administrators, or assigns may have against the Department, its agents, employees and other officers, for all injuries, of whatever nature, including injuries to property, caused by or arising out of, the above described program. I also understand that course instructors shall make the final decision as to whether a student is qualified to receive a hunter education certificate, based on standards established by the Vermont Fish & Wildlife Hunter Education Program.

Student's name (please print): _____

Student's signature: _____

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

Photo Release Consent

The Fish & Wildlife Department and its volunteers sometimes take photographs of hunter education class activities. These photographs may be used for educational purposes and/or to inform others about the program. They may appear on Department Facebook pages, the Department website, or our Law Digest.

I hereby authorize the photographing of me/my child, _____ (name of student participating in class) while participating in Hunter Education Program activities, which can be used for educational or promotional purposes. I understand that I have the right to request removal of specific photographs containing images of me and/or my child so that they will not appear on the website.

Student's name (please print): _____

Student's signature: _____

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

Return this form to your instructor on the first day of class.