



Minnesota Trapper Education

Student Registration and Parental Release Form

Print or Type Full Legal Name (As it appears on Driver's License or Birth Certificate)

Important: By law you are not required to furnish all information requested below. However, to generate a DNR Identification number which will become public record, the below information is required. I hereby give permission to attend the Minnesota Trapper Education Program as specified, and agree to furnish all of the information as requested.

NOTE: The Minnesota Trapper Education Program requires an In Field Training component which will include potential hazards such as various volumes of water and/or ice such as lakes streams etc as well as uneven and varied terrains encountered in realistic field situations. It is understood that permission to attend the Minnesota Trapper Education Program involves instruction by volunteer certified Trapper Education 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 instructors or use of aforementioned facilities by the below named student, or arising from his or her presence on or about that said facilities of the said organization, its instructors or representatives.

Student's LEGAL Name (Last- First -Middle)			
Date of Birth (M/D/Y)	Gender	MNDNR #	Driver's/Firearms Safety #
Complete Mailing Address (No. & Street, RFD, and/or PO Box No, City, State, Zip Code)			
Contact info			
Phone		Email	

Signature of Parent, Guardian or Adult Participant (Required)

Today's Date

MTA Certified Instructor Name, Address, Telephone Number

Instructor DNR Number and Signature

This form is to be used by Certified Trapping Instructors Only