



Kansas City Shooting Masters



An IDPA-affiliated defensive pistol shooting club

P.O. Box 9171 • Shawnee Mission, Kansas 66201

Membership & Waiver

Type or neatly print all information below

Name _____

Date of Birth _____ / _____ / _____
month day year

Address _____

City _____

State _____ ZIP _____

Home Phone _____

Work Phone _____

E-Mail _____

Would you like to receive match information & updates at the above email address? ☐ Yes

Indicate your highest classification in each IDPA Division:

	Master	Expert	Sharpshooter	Marksman	Novice	UNCLASSIFIED
CDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following information must be confirmed by a KCSM director. Please provide credentials when turning in this form.

IDPA Membership # _____ expires _____ / _____ / _____
month day year

NRA Membership # _____ expires _____ / _____ / _____
month day year

Bullet Hole Membership Expires _____ / _____ / _____
month day year

Match Date #1 _____ / _____ ☐ SO ☐ ASO Match Date #2 _____ / _____ ☐ SO ☐ ASO

Signing below confirm acceptance of the following waiver:

In exchange for being allowed to participate in any matches held by Kansas City Shooting Masters, I agree to hold the Bullet Hole Range and Kansas City Shooting Masters, their members officers, agents, employees, instructors, assigns, and successors harmless from any claim, demand, or liability whether claimed by myself or another, arising out of any injury, loss, or disability connected with my appearance or participation in any of the matches or related activities. The Bullet Hole Range and Kansas City Shooting Masters are not responsible for the safe gun handling by myself or the other shooters on the range. I am responsible for my own actions. I am familiar with the firearm, holster, and other equipment that I will use in this or any club match in which I participate, and I will not be a safety hazard.

Applicant's Signature

Date

Director's Signature

Date