

# Registration Form for Exploring Archery 2019-2020

## ATHELETE INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## MEDICAL HISTORY

Does your archer have any allergies that we need to be aware of?

\_\_\_\_\_

\_\_\_\_\_

Does your archer have any medical conditions that we need to be aware of?

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Sessions signing up for:

Session 1: December 2-January 6 \$30.00 \_\_\_\_\_

Session 2: January 13-February 17 \$30.00 \_\_\_\_\_

Session 3: February 24-March 30 \$30.00 \_\_\_\_\_

### **PERMISSION AND RELEASE**

I/We hereby consent to my child, \_\_\_\_\_,  
participating in the Waseca Archery Club's Exploring Archery class. In the event my child  
was to become injured, I/We give permission for the supervising adults to seek medical  
care or treatment for my/our child. I/We understand that if my/our child becomes sick or  
injured, every effort will be made to contact a parent or guardian. If a parent /guardian  
cannot be reached, the emergency contact listed above will be used.

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I further give permission for Waseca Archery Club to use photographs/video of my child  
in presentations and/or publication, including print, web and bulletin boards.

Yes       No