



ARCHERY CLUB Individual Application

NAME: _____ BIRTHDATE: _____

GRADE: _____ TEE SHIRT SIZE: _____ Adult / Child (circle one)

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: _____ 2nd NUMBER IN CASE OF EMERGENCY _____

PARENT/GUARDIAN NAME(S): _____

In consideration of my child/ward being accepted to participate in The Salvation Army's community based archery program, I agree to and accept the following terms and conditions:

1. I recognize that by nature of this activity, chance of injury is inherent. In the event of injury or illness, permission is granted to render first-aid or medical treatment as deemed appropriate. I certify that I have medical insurance to cover charges incurred due to such treatment or in the absence thereof, to be personally responsible for such charges.
Parent's initials _____
2. I understand that photographic images of my child may be made and used for programming or publication, unless such use is specifically denied. If use is prohibited, I am attaching a current photo to the application, as a means of identifying my child in photos proposed for publication. Parent's initials _____

- RELEASE FOR USE OF PHOTOS GRANTED
- RELEASE FOR USE OF PHOTOS DENIED (photo attached)

This will certify that my child _____ has permission to participate in The Salvation Army's community archery program.

Parent or Guardian Date

I promise to obey all safety rules and procedures and to behave according to rules of my club.

Applicant Date