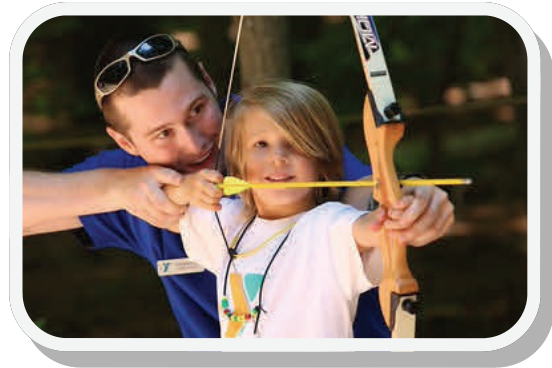




# 2018 YMCA ARCHERY BOYS & GIRLS GRADES 3-6



**Session 1:** Tuesdays (Sept. 18- Oct. 9)  
6:00-7:00pm

**Session 2:** Tuesdays (Sept. 18 - Oct. 9)  
7:00-8:00pm

**Registration:** Open now, deadline Sept. 18th  
**Register:** ONLINE or at the YMCA  
**Program Fees:** \$32.00 with Family YMCA Membership  
 \$40.00 with Youth YMCA Membership  
 \$65.00 Non – Member Rate

**ONLY 20  
SPOTS PER  
SESSION**

**All sessions held  
at the Youth  
Development**

**Contact Information:** **Lisa Schriver 225-4910 Ext. 1043**  
**Email: [lschriver@aberdeenymca.org](mailto:lschriver@aberdeenymca.org)**

## 2018 YMCA FALL ARCHERY REGISTRATION FORM

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (M) (F) Grade: \_\_\_\_\_ School Attending: (fall) \_\_\_\_\_

Medical Concerns/conditions: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Primary Cell: \_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_

**Please Circle Session Attending:**

**Session 1** (Tuesday 6-7pm)

**Session 2** (Tuesday 7-8pm)

### YMCA WAIVER OF LIABILITY

\*I give my permission for \_\_\_\_\_ to participate in **the Aberdeen Family YMCA Archery League**. I understand that accidents can and do happen and that the "Y" has no responsibility, assumes none, and carries no accident insurance for my child's medical expenses and well being. I waive all rights against the Aberdeen Family YMCA.

***Office Use Only: Staff Initials _____ Date _____ Receipt # _____ Amt Paid _____ ***
---

**ABERDEEN FAMILY YMCA**  
 5 South State St, Aberdeen SD 57401  
**P: (605) 225-4910 F: (605) 226-0893**  
**visit [www.aberdeenymca.org](http://www.aberdeenymca.org)**

"The Aberdeen Public or Catholic School Systems neither endorses nor sponsors the organization or activity represented in this document. The distribution of this material is provided as a community service."