2019 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: Tuesdays (Sept. 24- Oct. 22) 6:00pm-7:00pm  
Session 2: Tuesdays (Sept. 24 - Oct. 22) 7:00pm-8:00pm

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.

* I give the Aberdeen Family YMCA permission to use my child’s picture in YMCA publications. YES NO

***Office Use Only: Staff Initials_________Date_________Receipt #_________Amt Paid_________***

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