



Staff	_____
Initials:	_____
Date:	_____
Amt.pd.	_____
Cash	_____
Check #	_____
Credit	_____

OLYMPIC STYLE TARGET ARCHERY

The YMCA is conducting outdoor archery classes for youth ages 7-13 and a parent. The dates for the sessions will be July 10, 11, 13, & 17, 18, and 20. If we only have enough for 1 session the time will be from 6-7:30 p.m. Everyone will be notified prior to the session dates. The cost is \$55 for members and \$70 for non-members. **Registration begins May 22, 2016 and ends July 7, 2017.** There is a \$10 late fee after the registration deadline. Olympic style outdoor target archery teaches archery history, safety, technique, equipment, mental concentration and self-improvement. State of the art, Matthew Genesis bows are used. Youths and a parent will learn to shoot and participate in each class.

Please complete all information requested below.

YOUTH SHIRT SIZE: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Which session do you prefer? **5:00-6:30pm (Beginner session) & 6:30-8:00pm (Intermediate Session already had two session at the YMCA *** 8 and over***)**

We will try to give participants the session they want but some participants may be asked to move if our numbers are too high in one session.

Participants Name: _____

Birth Date: _____ Age as of May 1, 2017: _____

Gender: _____ Phone: _____ Alt #: _____

Address: _____ City: _____

E-mail(s): _____

Mother's name: _____ Father's name: _____

If parents are divorced or separated, who is custodial parent?

Emergency contact and phone: _____

Special needs or disabilities of applicant: _____

I acknowledge that the Hopkinsville Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in my activities in the YMCA archery program, I do hereby agree to hold free from any liability the Hopkinsville Family YMCA, and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge all rights and claims for all injuries and damages occurred. I do hereby declare participant to be physically sound, having medical approval to participate in the activities of the YMCA archery program. I have read this application and agree to abide by all YMCA guidelines.

Signature of parent or legal guardian: _____

Hopkinsville Family YMCA is a United Way Agency and offers financial assistance as funds are available. Please call for details .**Hopkinsville Family YMCA Phone: 887-5382 Web Site: www.hopkinsvilleymca.org**