

National Archery in Schools Program (NASP)



~ Archery Camp ~

June 5th-8th / 12th-15th

White Lake School

4th – 6th Grades ~ 9:00-10:00

7th Grade & Up ~ 10:00 – 11:00

T-shirts and Prizes will be awarded.

Please return to Barb Becker by May 25th.

(You will not receive a t-shirt if form is returned after due date.)

Participant's Name: _____ Grade (2017-2018) _____

(Only for students 4th Grade and Up – 2017-2018 School Year)

T-Shirt Size:

YL Y XL XS S M L

No Extra Shirts will be ordered.

Please let me know if you need a size not listed.

Cost: \$40 per participant

**Please make check out to:
Barb Becker Archery Camp
(Certified NASP Instructor)**

I would like to volunteer to help during the 2 week camp. If yes, please list a contact name and number.

Name: _____

Number: _____

ALL EQUIPMENT IS SUPPLIED ~ DO NOT BRING YOUR OWN!

Back side MUST be completed for EACH child before he/she can participate.

**If time for your session conflicts with another camp, please come talk to me.
We may be able to work it around so you can still participate.**

Questions? Contact: Barb Becker – 682-8373

LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted for participation in Archery Camp, we being 21 years of age or older, do for ourselves and for and on behalf of our child-participant if said child is not 21 years of age or older do hereby release, forever discharge and agree to hold harmless White Lake School, Barb Becker, or any volunteers, or its officers, directors, members, agents, servants, and employees from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child-participant is participating in the above described activity.

Furthermore, we for ourselves and on behalf of our child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved.

Further, authorization and permission is hereby given to Barb Becker to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said people for any liability sustained as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We are the parents or legal guardians of this participant, and hereby grant our permission for him/her to participate fully in said activity, and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we hereby assume all transportation costs.

The use of plurals such as "we, ourselves," etc., is intended to also encompass the singular and should be read as "myself" etc., where appropriate.

General Information

Emergency Contacts:

(when parent or guardian is unavailable)

Type or print name of Participant

Name: _____

Parent or Guardian Name & Phone (Please Print)

Relationship _____

Phone Number _____

Participant's

Physician: _____

Name: _____

Physician's

Phone: _____

Relationship _____

Hospital Insurance Yes No

Phone Number _____

Insurance

Company: _____

Policy Number: _____

Signatures

Only participant needs to sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent or guardian must sign.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Participant's Signature _____ Date _____