



# Fall 2018 Olympic Style Target Archery

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

Register on-line at [www.hopkinsvilleymca.org](http://www.hopkinsvilleymca.org)

The YMCA is hosting indoor archery classes for youth ages 7-13. The dates for the class will be November 3, 10, 17 and December 1, 8, and 15. If we only have enough for 1 session, we will start the session at 9:00 AM. If we have enough for two sessions they will be from 8:30 AM-10:00 AM and 10:00 AM-11:30 AM. Everyone will be notified prior

to class. The cost is \$60 for members and \$75 for non-members. Registration begins October 1. Registration ends November 1, 2018. There is a \$10 late fee after 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.**

**Participants Name:** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

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

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alt #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-mail(s):** \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Mother's name:** \_\_\_\_\_

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

\_\_\_\_\_

**Emergency contact and phone:** \_\_\_\_\_

**Special needs or disabilities of applicant:** \_\_\_\_\_

**Session Choice:** \_\_\_\_\_ 8:30-10:00am or \_\_\_\_\_ 10:00-11:30am

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: 270-887-5382 Web Site: [www.hopkinsvilleymca.org](http://www.hopkinsvilleymca.org)**