

## 2017 Youth Spring Archery Instruction

The Watertown Park & Recreation Department, in conjunction with the Tom Theder Memorial and Watertown Archery Club, is offering instruction in archery for boys and girls ages 8 and up. The Archery Club is providing a number of certified instructors to make this experience as meaningful as possible.

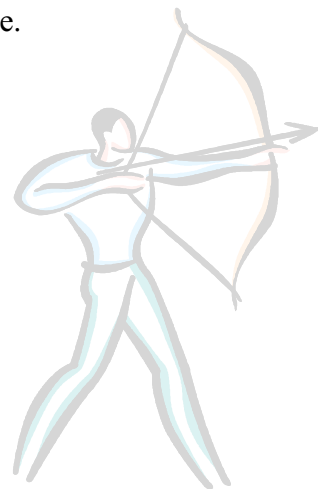
Ages: 8-11 years will meet from 6-7pm  
12 and over will meet from 7-8pm

***Classes will be limited to 30 participants each.***

Location: Watertown Archery Club Indoor Range at 214 1/2 Market Street

Dates: Tuesdays, February 28 - April 4, 2017

Fees: \$25.00 for city residents  
\$37.50 for those residing outside the city limits



**Orientation:** An orientation session will be held for students who have not previously participated in this program on Tuesday, February 21<sup>st</sup> at 6:00 pm

**Equipment:** All needed equipment will be provided by the Archery Club. Those who have bows are free to bring them for use at these sessions. For more information, please contact Larry at 920-342-1991 after 3pm.

**Parents:** Each participant is required to bring one parent to the first session.

**ADA:** The department will make every effort to comply with the regulations associated with the Americans with Disabilities Act. (ADA). In the space provided below, please list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss your participation. **Parent should communicate any special needs with their instructor.**

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Name \_\_\_\_\_ Age \_\_\_\_\_ M or F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone# \_\_\_\_\_

**Circle one:** 8-11 years      12 and over      **New Student:**  Yes  No

List any special needs this participant has: \_\_\_\_\_  
I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid:      \$25.00 cr      \$37.50 ncr

**Watertown Archers**  
Watertown, WI

This form must be on file to insure your participation in Watertown Archers, Inc. activities or to use Watertown Archers Inc. facilities and/or property. Individuals under the age of 18 will need to have this waiver signed by a parent/guardian. This form must be completed by all participants, including Watertown Archers, Inc. members.

**Liability Waiver**

Permission is hereby granted for \_\_\_\_\_  
to participate in Watertown Archers Inc. activities and/or use of Watertown Archers Inc. facilities and/or property.

It is understood that the participant's guardian and/or participant will not hold Watertown Archers Inc. or its membership liable in case of participant or guardian accident or injury during participation or presence on Watertown Archers premises. It is the participants and/or the guardian's responsibility to exercise all reasonable caution to protect themselves, their guest(s), or their child from injury.

Permission is also granted to take the participant named above to a doctor and/or hospital if there is a need for emergency medical attention.

In order to better serve the needs of each participant, Watertown Archery Inc. event supervisors or Officers should be informed of any physical/medical restrictions, allergies, conditions, etc., that could affect the participant at the time of the event. Such information should be attached to this form and will remain confidential with Watertown Archers Inc. at the request of the guardian(s) and or participant(s).

In as much as this event is an extension of the Watertown Archery Club, club bylaws will be observed at all time by the undersigned. If the participant does violate the above policies, he/she will be asked to leave Watertown Archers Inc. premises. Members who do not follow club bylaws may be asked not to use Watertown Archers Inc. facilities or property.

Participant	Date
Guardian/Parent	Date

Name and number of emergency contact while participant is participating in event.

Name \_\_\_\_\_ Phone \_\_\_\_\_