Watertown Parks & Recreation Department
514 South First Street
920-262-8080

2019 Session 1
Youth Archery Instruction

Program: The Watertown Parks & Recreation Department, in conjunction with the Tom Theder Memorial and Watertown Archery Club, is offering instruction in archery for boys and girls ages 8 to 18. 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 6-7 pm
12-18 years will meet from 7-8 pm
Class is limited to 30 participants each.

Location: Watertown Archery Club Indoor Range, 214 ½ Market Street

Dates: Tuesdays, January 22 – February 26, 2019

New Student: An orientation session will be held for ALL NEW students who have not previously participated in this program on Tuesday, January 22nd at 5:00 pm.

Fees: $30.00/city resident $45.00/non-city resident

Register Online: https://watertownwi.recdesk.com/community

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.

Special Needs: The department will make every effort to comply with the regulations associated with the American's with Disabilities Act (ADA). In the space provided, 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 participation. **Parent should communicate any special needs with their coach/instructor.**

Watertown Parks & Recreation Department

2019 Session 1 - Youth Archery Instruction

Tuesdays, January 22 – February 26, 2019

Name_____ Age_____ M or F

Address_____ City_____ Zip_____

Phone_____ Email_____

Circle One: 8-11 yrs 12-18 yrs **New Student:** Yes No

List any special needs or medical conditions this participant has_____

I understand the inherent risk of injury 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.

Signature of Parent/Guardian_____ Date_____

Fee Paid: $30.00/cr $45.50/ncr

Archery

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https://watertownwi.recdesk.com/community