



Craigs Baptist Church
14123 W. Catharpin Road
Spotsylvania, VA 22551
(540) 854-5284

CENTERSHOT ARCHERY 2017 REGISTRATION

\$35 Registration Fee (checks payable to Craigs Baptist Church)

Participants Name: _____

Age (as of April 13, 2017): _____ Male: _____ Female: _____ T-Shirt size: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____

Parent/Guardian: _____

Email Address: _____ Phone: _____

In case of emergency (alternate contact than parent) the church should contact:

Name: _____

Phone: _____ Relationship to child: _____

Other individuals authorized to pick up child:

Name: _____ Phone #: _____

Medical/ Photography Release:

In the event of an emergency that requires medical treatment for my child, I understand that every effort will be made to contact me or my alternate emergency contact. However, if I/we cannot be reached, I give my permission to Craigs Baptist Church staff / volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I agree to assume responsibility for all costs associated with any accident or medical treatment of my child. I also understand that photographs and video footage of my child may be taken for promotional and informational purposes. I give permission for video and/or photos of my child to appear among other general club photos. Personal information about my child will not be listed with these photographs or videos.

Parent/Guardian signature: _____

Email questions to: cbcarchery@gmail.com