



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](mailto:cbcarchery@gmail.com)