

# CENTERSHOT ARCHERY 2018

## REGISTRATION FOR AUG 2nd CLASS

Craigs Baptist Church 14123 W. Catharpin Road Spotsylvania, VA 22551  
(540) 854-5284    [CBCARCHERY@GMAIL.COM](mailto:CBCARCHERY@GMAIL.COM)

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

ParticipantsName: \_\_\_\_\_

Age as of FEB 1ST 2018 \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Adult T-Shirt size: \_\_\_\_\_ Child T-Shirt size: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

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:

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