

**2018 YOUTH ARCHERY LEAGUE
STOCKBRIDGE SPORTSMEN'S CLUB
REGISTRATION FORM**

PLEASE PRINT CLEARLY

CHILD'S NAME _____

DATE OF BIRTH ___/___/___ PHONE #(S) _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN NAME (S) _____

EMERGENCY CONTACT _____ PHONE# _____

ARCHERY SKILL LEVEL (please circle one) - beginner intermediate advanced

BEGINNERS, PLEASE INDICATE A 1ST AND 2ND CHOICE OF SHOOTING TIME

_____ 9AM-10AM _____ 10AM-11AM _____ 11AM-12PM

INTERMEDIATES PLEASE INDICATE YOUR 1ST CHOICE OF SHOOTING TIME:

_____ 9AM-10:30AM OR _____ 10:30AM-12PM

ADVANCED GROUP WILL SHOOT 12PM-1:30PM

SHIRT SIZE (CIRCLE ONE) YOUTH (S) 6/8 (M) 10/12 (L) 14/16

ADULT SML MED LGE X-LGE

For your safety, no outdoor play is allowed and all children must have an adult present who is responsible for them at all times

LEAGUE FEE

\$ 40.00 / CHILD

(MAKE CHECKS PAYABLE TO: STOCKBRIDGE SPORTSMEN'S CLUB, PO BOX 6
STOCKBRIDGE, MA 01262)

PERMISSION IS HEREBY GRANTED TO THE ABOVE MENTIONED PERSON TO ENGAGE IN THE YOUTH ARCHERY LEAGUE. THE STOCKBRIDGE SPORTSMEN'S CLUB AND THEIR VOLUNTEERS SHALL NOT BE HELD RESPONSIBLE IN ANY WAY FOR INJURIES RECEIVED BY THE ABOVE NAMED PERSON WHILE ENGAGED IN PROGRAM ACTIVITIES.

PARENT/GUARDIAN SIGNED _____ DATE _____

FOR OFFICE USE ONLY:

PAID CASH\$ _____ CHECK# _____ BAL DUE \$ _____ INITIALS _____