

Leighton Church Youth Archery Participation Form

List the name, age, and shirt size (if needed) of each participant:

Name: _____ **Age:** _____ **Has a Shirt?** Y or N

Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium Adult Large

Name: _____ **Age:** _____ **Has a Shirt?** Y or N

Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium Adult Large

Name: _____ **Age:** _____ **Has a Shirt?** Y or N

Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium Adult Large

Name: _____ **Age:** _____ **Has a Shirt?** Y or N

Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium Adult Large

Name: _____ **Age:** _____ **Has a Shirt?** Y or N

Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium Adult Large

Name: _____ **Age:** _____ **Has a Shirt?** Y or N

Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium Adult Large

Address: _____

Contact Phone Number (in case archery needs to be cancelled due to inclement weather):

E-mail address: _____

I understand that injury or bodily harm can result from participating in the sport of archery. I agree that I will not hold Leighton Church, it's staff, or volunteers liable if my child/children is injured while participating in the youth archery clinics at Leighton Church. I also agree to be present at all times during the archery clinics to supervise my child/children.

Signature

Date

I would like to be informed about these events at Leighton Church: (check all that apply)

- | | | |
|------------------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Co-ed Softball League | <input type="checkbox"/> Adult Basketball | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Adult Archery | <input type="checkbox"/> Pioneer Clubs | <input type="checkbox"/> Bible Studies |