

Leighton Church Youth Archery Participation Form

List the name and age of each participant:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Address: _____

Contact Phone Number or e-mail (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 heard about Leighton Church Youth Archery through: (check all that apply)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Church Website | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Church Sign |
| <input type="checkbox"/> My Family Attends Leighton Church | <input type="checkbox"/> Other: _____ | |