Lincoln Area YMCA
Warren Wendlandt Archery

Dave Duvall is back once again to instruct our Archery program. This Program will teach the proper techniques and safety precautions to archery, and also give participants an opportunity to shoot at targets! On the last day of the program we will meet at a local timber for a 3d shoot, followed by campfire and hot dog roast!

Ages:	3rd Grade – 12th Grade	
Date:	March 10th – April 7th	Shirt Size _____
Time:	Saturday, TBD	
Location:	Y Activity Center (719 Wyatt)	Parent Shirt Size (optional) _____
Cost:	$35 (Y Member)	

Childs Name: _____   Grade: _____   Birthday: ____/____/____

Parent/Guardian Name: _____   Male / Female

Address: _____   Phone: (_____)_____

City, State, Zip: _____   Email: _____

Emergency Contact
Name (other than parent): _____

Phone: (_____)_____   Alt Phone: (_____)_____

Photo / Liability Release and Medical Authorization

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and other printed material. **Failure to circle either choice automatically provides authorization.**

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, and or other entity involved with the Lincoln area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities.

If my child should become ill or injured at any Lincoln Area YMCA programs and/or activities, I understand that the staff/volunteers will (1) try to contact me immediately. (2) If I cannot be reached, the YMCA will contact the emergency person listed on the registration form. Should the emergency contact or myself be unavailable, the Lincoln Area YMCA staff/volunteers are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

_____
Parent/Guardian Signature   Date

Allergies/Medications/Limitations: _____

Preferred Physician / Phone # _____

Insurance Company/Group #/Expiration Date: _____