

Goffstown Parks and Recreation

www.Goffstown.com

ARCHERY

Forms CAN BE DELIVERED TO Dana White on the first night of class

Cost: \$50/4 week session – Checks made payable to “Dana White”.

Session Dates: _____

DOB _____ Age _____ Male _____ Female _____

Players Last Name _____ First Name _____

Home Address _____ Home # _____

Fathers Name _____ Business # _____

Home Address _____ Cell # _____

Home # _____

Mothers Name _____ Business # _____

Home Address _____ Cell # _____

Home # _____

Please provide the best email address to send schedule changes / important information (print clearly)

Person to Notify in an Emergency other than the above names _____

Phone # _____

Parents are expected to arrange for transportation to and from the program at the times specified. It is open to all ages, 6 & up.

I give permission for my child to have his/her picture taken for the purpose of Goffstown P & R publicity in local media, Town web site or advertisements. YES ___ NO ___

I/We the parent/guardian of the above named candidate for Goffstown Archery, herby give my/our approval to participate in any and all Goffstown Archery, including transportation to and from the activities. I know that participation in archery may result in serious injuries and protective equipment does not prevent all injuries to participants, and do herby waive, release, absolve indemnity and agree to hold harmless the Goffstown Parks and Recreation Commission, Goffstown Parks and Recreation Department, Town of Goffstown, Volunteers, Coaches, Supervisors, participants and person transporting my child to and from activities from any claim arising out of any injury to my child whether the results of negligence or any other cause.

Parent/Guardian Signature _____ Date _____

For Office Use:

Fee paid _____ Cash ___ Check ___ Check # _____ Receipt # _____ Date _____