



Town of Weare
Parks and Recreation Commission (PARC)

**Summer 2016
Youth Archery Lessons**

PROGRAM DESCRIPTION

Weare Park & Rec will be offering one week of Archery this summer with Dana White of Art of Archery.

Dana White is a Level III Certified Instructor with the National Archery Association (NAA), and National Field Archery Association, (NFAA) to meet the qualifications of all course demands.

Dana combines the basic skills with all aspects of SAFETY and FUN to make each lesson interesting.

- ✓ One session will be held August 1st – August 5th.
- ✓ The cost of the archery lessons are \$125/child. Weare residents get preference.
- ✓ Lesson times will be 10 am – 12 noon each day.
- ✓ All ability levels are welcome to participate.
- ✓ Lessons are open to children ages 7 and up. The child must be have completed 1st grade to participate.
- ✓ Payment is due upon sign-up, **checks payable to Art of Archery. The registration fee is non-refundable.**
- ✓ Sign-ups begin June 7, 2016. Class size is limited. Registration is first come first serve. The child must be enrolled at least 1 week prior to the start of the session, but every effort will be made to accept late registrations.
- ✓ All lessons are to take place at the Gazebo field next to Weare Middle School. Lessons are rain or shine.
- ✓ Mail registration and payment to Weare Park & Rec, 15 Flanders Memorial Rd, Weare 03281

2016 ARCHERY LESSONS REGISTRATION FORM

Please complete one form per participant.

Student's Name: _____

Student's Age _____ (*must be at least 7 years old by start of session*)

Male Female

August 1st – August 5th (\$125)

Parent's Name _____

Address _____

Home Phone _____ Cell Phone _____

Parent's email: _____

Emergency Name _____ Phone _____

List any medical conditions the instructor should be aware of (such as medications, allergies, etc.): _____

Release of Liability

I/We the parent(s) of _____, permit him/her to participate in all archery lesson activities during the 2016 Archery Lessons season.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the Town of Weare and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with activities of any of the programs.

I/We hereby grant permission to the adult managers, teachers, coaches or volunteers to obtain medical care from any licensed physician, hospital or medical clinic for my child at such time as either parent or legal guardian cannot be contacted in person or by telephone.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Resident: Y N

Amount Paid: _____ Cash Check **Date Paid** _____