



# AIMING

## CONFIDENTLY

### CLINTON YMCA ARCHERY

Boys & Girls - Ages 6 to 18 - TUESDAYS @6PM & SATURDAYS @ 9AM

**Members:**  
\$35/month

**Non-Members:**  
\$55/month

#### BENEFITS OF ARCHERY FOR KIDS

- #1: INCREASED MENTAL FOCUS AND SELF DISCIPLINE
- #2: ARCHERY LEADS TO IMPROVED COORDINATION
- #3: INCREASED CONFIDENCE FROM MASTERING A NEW SKILL
- #4: PROVIDES RELAXATION AND STRESS RELIEF
- #5: ARCHERY TEACHES TEAMWORK AND SPORTSMANSHIP



**CLASSES OFFERED  
TWICE PER WEEK**

**ALL EQUIPMENT  
WILL BE PROVIDED**

**SEASON RUNS  
SEP 8th - MAR 13th**

**ALL COACHES  
AIMS CERTIFIED**

PARTICIPANT'S NAME	GENDER	DATE OF BIRTH	AGE
HOME ADDRESS	CITY	STATE	ZIP CODE

MOTHER'S NAME	PHONE NUMBER	DATE OF BIRTH	EMAIL ADDRESS
FATHER'S NAME	PHONE NUMBER	DATE OF BIRTH	EMAIL ADDRESS

<b>I WILL BE A TEAM PARENT</b>	_____ YES	_____ NO
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**Waiver of Liability, Disclaimer and Permission:** I hereby forever release, acquit, discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant is registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the Y activity, including, but not limited to, any and all liabilities, claims damages and demands arising from any personal injuries, loss or death occurring as a result of the Y activity. I further agree that I will never institute any action or suit, at law, in equity or otherwise, against any of the Released Parties, and will not aid in the institution or prosecution of any such action or suit against the Released Parties which in any way involves or relates to the Y activity. I further state that I am in proper medical condition to participate in and complete the YMCA activity and am not participating against doctor's advice, nor am I taking medications which would deter my health in the participation of the YMCA activity. If any act of God forces the cancellation of the Y activity, I understand that registration fees are non-refundable. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned. I also understand that there are no refunds for this program without a physician's written explanation of inability to participate. I give permission that my picture may be taken and used by the YMCA for publicity.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_