

# Camp Registration Form

**Pelkey's Archery 275 Nason Street, St. Albans, VT 05478 (802)524-2582**

Visit us on FACEBOOK!

[www.pelkeysarchery.com](http://www.pelkeysarchery.com)

[ron@pelkeysarchery.com](mailto:ron@pelkeysarchery.com)

Archer's Name \_\_\_\_\_ M/F \_\_\_\_\_

Age \_\_\_\_\_ T-shirt size: YS YM YL YXL AS AM AL AXL

Camp Session: (circle date) **July 10<sup>th</sup>-14<sup>th</sup>** **July 17<sup>th</sup>-21<sup>st</sup>**  
(circle time) **Morning 9a-12p** **Afternoon 1p-4p**

\_\_\_\_\_ Bringing Own Equipment \_\_\_\_\_ Using Camp Recurve Bow

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

## **THIS IS NOT A PEANUT FREE ENVIRONMENT**

Please list any special needs which will require accommodations for participation: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

We will be taking pictures during our camp; signing below authorizes us to take pictures of your child which may be used on our website, Facebook and/or printed material.

For my child, I risk bodily injury including paralysis, dismemberment and death, as well as loss or damage to property. I knowingly and freely assume all such risk and I, for myself and on behalf of my heirs assigns and next of kin, hereby release, hold harmless and promise not to sue Pelkey's Archery, their officers, agents, employees and or volunteers, with respect to any and all such injury, paralysis, dismemberment death and or loss or damage except that which is resultant to gross negligence and or willful or wanton misconduct.

Signing below also authorizes medical/dental treatment in case of emergency.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, have read and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Fee: \$110/camper \$100/sibling

**Registration Deadline: June 1<sup>st</sup>, 2017**