

# YOUTH ARCHERY PROGRAM AT MAKAPALA

## Registration Form Fall Session 2018



REGISTRATION PERIOD: Now through July 31, 2018.

REGISTRATION FORM AND FEES: Complete the registration form below & return with \$30 fee (includes equipment use & program t-shirt). Checks made payable to **Island Breeze**. PO Box 1137, Kapa'au, HI 96755.

AGES: 8 - 17 years old.

PROGRAM FORMAT: Fall session will run from August 22 - September 29, 2018. Classes will meet Wednesday afternoons at 4pm. All classes will be held at the Makapala Retreat Center. Class size is limited. The class will teach the participants about the safety, fundamentals and proper operation of recurve archery equipment.

EQUIPMENT: The Youth Archery Program at Makapala will provide all archery equipment.

MISCELLANEOUS: Participants are required to wear closed-toe/covered shoes during class. All interfering jewelry must be removed (earrings, necklaces, bracelets, etc.) during class. Hair must be tied back/up.

Archer's Name: \_\_\_\_\_  
First Last Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By completing and signing this registration form I certify that the above-named participant has my permission as parent/guardian to participate in the Youth Archery Program at Makapala.

Further, in consideration of the above-named participant's admission to the Youth Archery Program at Makapala, the receipt of which is acknowledged by the undersigned, I hereby release, discharge, indemnify and hold harmless the Youth Archery Program at Makapala, Island Breeze, SPCC, the Makapala Retreat Center and their staff, volunteers, and independent contractors from any and all liability, claims, demands or causes of action, for personal injury and/or property damage or loss which are in any way connected with the above-named archer's participation in this tournament, including attorneys fees and costs incurred to enforce this agreement. I understand that the Youth Archery Program at Makapala assumes no legal or financial responsibility in case of accident or injury, and I assume full responsibility for my child's medical expenses and waive all rights or causes of action, which my child or I may have against the Youth Archery Program at Makapala and each of the persons named herein.

I give permission for the Youth Archery Program at Makapala to use any photograph or video footage my child is in for promotional materials. I also agree to expulsion from the program if I or my child should continually or willfully fail to observe safety procedures and program rules. I enter into this release agreement voluntarily and on behalf of my heirs, administrators and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name