

Junior Archery Program (JOP) Registration Form

Child's Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Date of Birth: _____ Age: _____ Male Female

Is the child a Club Member? Yes No

Medical Conditions: _____

Please circle any dates that participant will be absent from program for 2024:

May 13, 27, June 3, 10, 17

Parent Information

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Person to notify in case of emergency: _____

Emergency phone number: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Bulkley Valley Bowmen, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the sport of archery and in consideration for the Bulkley Valley Bowmen accepting the registrant for its archery programs and activities (the Program"), I hereby release, discharge and/or otherwise indemnify the Bulkley Valley Bowmen, its affiliated organizations, sponsors, their employees, volunteers and affiliated personnel, including the owners of the grounds and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the Program.

Parent/Guardian Signature: _____ Date: _____

Bulkley Valley Bowmen

PO Box 4017, Smithers, BC V0J 2N0

Website: www.bvbowmen.ca

JOP Contact: Sam Cooper cooper.sam@hotmail.com or youth@bvbowmen.ca