

Parent Permission and Registration
After School Archery Club
North American Martyrs School

Child's Name _____

Grade _____

Emergency Contact (name & phone number)

Medical Conditions _____

My child, _____, has permission to attend the After School Archery Club at North American Martyrs, beginning on Wednesday, March 3, and ending on Wednesday April 21. My child may receive emergency medical treatment if needed, and I release North American Martyrs from all liability should an accident occur.

Students will use equipment provided by North American Martyrs School. They will wear their school uniforms; change of clothing and/or special equipment is not required.

This club will run from 3:30 p.m. – 5:00 p.m. on Wednesdays. Cost is **\$15.00 per student**. Please make checks payable to North American Martyrs. The club is a chance to further archery skills; it is not part of the extended care program. Please make arrangements for your children to walk home or be picked up after the club. Students also have the option of going to extended care from 5:00-5:45 p.m. (if we have the number of students we had last year, we will again alternate weeks)

Please sign and return this form before Monday, March 1.

Parent Signature _____ Date _____