Parent Permission and Registration After School Archery Club 2025 Grades 4-8 North American Martyrs School

Child's Name

Grade	Teacher	
Emergency Contact (name & phone m	umber)	
Medical Conditions		

My child, ______, has permission to attend the After School Archery Club at North American Martyrs, beginning on Thursday, January 9, and ending on Thursday, March 13. My child may receive emergency medical treatment if needed, and I release North American Martyrs from all liability should an accident occur.

This year the Archery club will be limited to the first 50 students that sign up. I would like to have students that are interested in learning archery and represent North American Martyrs at the State Tournament. Students will shoot every week. Students will use equipment provided by North American Martyrs, but may bring their own GENESIS bows. 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. - 4:45 p.m. on Thursdays. Cost is **\$45.00 per student** (includes entry to State Tournament on March 15th, for those wishing to participate and an archery club t-shirt). Archer Club will be billed through FACTS. 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 4:45-5:45 p.m.

Please sign and return this form by Thursday December 13th, 2024

Parent Signature_____ Date_____

Shirt Order Form

Size AS____ AM___ AL___ AXL___ AXXL___

Shirt is included with the \$45.00 fee.

If you have further questions, please call Jim Tubbs at 402-430-7783.

	My C	hild <u>WILL</u>	participate in	n the State	Tournament o	n Saturday	March15th
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My Child WILL NOT participate in the State Tournament on March 15th