

2017-18 DWS Archery Club Registration Form

PARTICIPANT INFORMATION

Student's Name: _____ **Grade:** _____

HS Student Email address: _____ Cell phone: _____

Parent/Guardian #1 Name: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Parent/Guardian #1 Email Address: _____

Parent/Guardian #2 Name: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Parent/Guardian #2 Email Address: _____

Emergency Contact #1:

Name: _____

Home Phone: _____

Work phone: _____

Cell phone: _____

Emergency Contact #2:

Name _____

Home Phone: _____

Work phone: _____

Cell phone: _____

CLUB INFORMATION & FEES

Feb 6 – May 22

Grades 6-8: Tuesdays 3:15-4:30pm

Grades 9-12: Tuesdays 3:30-4:30pm

All materials and equipment are provided.

Archery Club meets in Festival Hall

Winter/Spring Session - \$25

Amount Enclosed: _____

Questions about payments? Contact Carolyn Goodman: 303-777-0531 x105 or finance@denverwaldorf.org

PERMISSION & WAIVER OF LIABILITY & AUTHORIZATION FOR EMERGENCY CARE

I hereby give my consent for the above named student to participate in Archery Club. I understand The Denver Waldorf School cannot accept responsibility for personal items lost or stolen. I authorize the DWS Staff member in attendance to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I am not in attendance at such event. I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

Parent/Guardian Signature

Date

Office use only: Amount Paid _____ Cash Check # _____ Received by _____ Date: _____