



Student Name: _____

Emergency Contact: _____

Contact Phone Number: _____

Grade: 4 5 6

T-Shirt Size:

(Adult Sizes) S M L XL 2XL 3XL 4XL

I _____ Parent/Guardian of _____ give permission to him/her to participate in the National Archery Tournament as outlined in this document. I have read the document and understand the program and the conditions under which it is being offered. I am aware of the hazards associated with the transportation to and from, as well as participation in the activity. I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity. I also authorize any necessary emergency medical treatment to be administered to the above name student.

I understand that this is a school sponsored program, that the students are expected to conduct themselves as responsible individuals, and that the rules and regulations of the school and the Wild Rose School Division will apply at all times for the duration of the field trip.

Signature of Parent/Guardian _____ Date: _____

Payment of \$25.00 Registration fee is attached to this form

Parent Volunteer Form

**** If more than one parent is coming to the show please list them as well.****

****Each archer is entitled to one FREE Adult Admission to the Show ****

Parent Name: _____

Contact Number: _____

I will drive myself

I would like to ride the bus if possible

I have my criminal record check handed into the Aurora School Office