



**HONONEGAH
ARCHERY
2019 ROCKTON, IL**

ARCHERY CLASS REGISTRATION FORM

Archer's Name: _____

Age: ____ Date of birth: ____/____/____ *Class designed for ages 6 years to adult.

Address: _____ City: _____ State: _____

Parent / Guardian name if minor: _____

Home phone: _____ Cell phone: _____

Email: _____

Medical notes: _____ T-Shirt Size: _____

- Classes may be added or subtracted, and times or days may change depending on enrollment and unforeseen circumstance.
- Rain day classes will be held at the Hononegah Archery Indoor Range at 313 W. Mechanic St., Rockton IL
- During our 1st class, we will be using string bows and learning range safety.
- Archers and parents of student archers must learn range rules prior to handling bows.
- Any student who willfully violates safety procedures and puts themselves or classmates in danger will be removed from the program. Refunds will not be given.
- Hononegah Archery photographs and videotapes student archers. By enrolling in our class the participant and parent consents to use of the archer's likeness by Hononegah Archery for Facebook, advertising, and other uses.
- I waive all rights to litigation against Hononegah Archery Inc., Jeremy Oster, and organizations hosting archery lessons.
- **Parents are encouraged to enroll with their student!**

Student Archer: I hereby certify that my child is in good health and capable of safe participation in this archery program. I assume all risk(s) and hazards incidental to the conduct of this program. I have reviewed a copy of the Range Safety Rules and my archer will abide by them. In case of emergency, I authorize Hononegah Archery Inc. to obtain medical treatment for my student if a parent or guardian is not present and cannot be reached.

Student Signature: _____ /____/____

Parent Signature: _____ /____/____

Adult Archer: I hereby certify that I am in normal health and capable of safe participation in this archery program. I assume all risk(s) and hazards incidental to the conduct of this program. I have reviewed a copy of the Range Safety Rules and I will abide by them.

Adult Participant Signature: _____ /____/____

Email completed form to hononegah.archery@gmail.com and call 815.289.2822 to arrange payment.

Completed registration form and check may also be mailed to 313 W. Mechanic St., Rockton IL, 61072