

**Office use only**

amount \$ \_\_\_\_\_ initials \_\_\_\_\_

date:

cash credit check #

**Pelkey's Archery  
VT Junior Archers/JOAD  
275 Nason St, St. Albans VT 05478**

[www.pelkeysarchery.com](http://www.pelkeysarchery.com) (802)524-2582 [ron@pelkeysarchery.com](mailto:ron@pelkeysarchery.com)

Dear JOAD Parent(s):

Please find below your JOAD registration form. Due to high demand of our program, we are forced to require this form along with a non-refundable payment to hold your archers spot. If we do not receive the information and payment, the spot will be filled by another archer. Please do not hesitate to contact me with any questions or concerns. Thank you for your prompt response.

Registration form and Non-refundable payment deadline:

Fall: October 1

Winter: December 15

Spring: February 15

**ARCHERS NAME:** \_\_\_\_\_ **Class Time:** \_\_\_\_\_

**USA MEMBERSHIP #:** \_\_\_\_\_ **EXP:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SEX:** MALE FEMALE (circle one)

**BOW:** RECURVE COMPOUND (circle one) **EQUIPMENT:** RENT OWN OWN-PELKEY'S (circle one)

**First Time Student:** \_\_\_\_\_ (Shirt included in price) **Continuing:** \_\_\_\_\_ (Add \$15 for shirt)

**Shirt:** (circle only if needed )YS(4-6) YM(6-8) YL(10-12) YXL(14-16) A: S M L XL XXL

**CONTACT PERSON:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ALLERGIES/MEDICATIONS:** \_\_\_\_\_

I risk bodily injury including paralysis dismemberment and death, as well as loss or damage to property. I knowingly and freely assume all such risk and I, for myself and on behalf of my heirs assigns and next of kin, hereby release, hold harmless and promise not to sue Pelkey's Archery, VT Jr. Archers JOAD, their officers, agents, employees and or volunteers, with respect to any and all such injury, paralysis, dismemberment death, and or loss or damage except that which is resultant to gross negligence and or willful or wanton misconduct.

I grant Pelkey's Archery/VT Jr Archers JOAD, the right to take photographs of me and my family in connection with all archery events. I authorize Pelkey's Archery/VT Jr Archers JOAD its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Pelkey's Archery/VT Jr Archers JOAD may use such photographs of mine with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above statements:

I, \_\_\_\_\_ **PARENT/GUARDIAN OF** \_\_\_\_\_ **do**  
**understand and agree with the above statement of liability and permission for**  
**publication of photos.**

\_\_\_\_ **No, I do not give permission for pictures to be taken**

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_