

2021 WAUKON YOUTH ARCHERY REGISTRATION FORM

The Waukon Park & Rec Department is hosting a Youth Archery Clinic. This is for kids going into 4th – 12th grades. We will be offering 2 types of classes this year: beginner and advanced classes. The beginner class will be for those individuals who have never taken OR taken the summer archery clinic one time before. The advanced class will be for those that have taken the summer archery clinic 2 or more times. The clinic will start July 26 and be held on Mondays & Wednesdays and run for 3 weeks. The clinic dates are July 26, July 28, August 2, August 4, August 9, and August 11. Each session will be for 45 minutes. The beginner class will be from 5:30-6:15pm and the advanced class will be from 6:15-7:00pm. For beginners, the youth will be taught how to properly use the bow and arrows. For the advanced class, kids will learn more about form and technique. The clinic will be held at the city park ball diamond.

The cost of this clinic is \$20.00.

Please register by NOON on **JULY 26.**

Participant's Name: _____

Grade going into: _____ Male or Female (circle)

SELECT CLASS TYPE: Beginner Class (Never taken/one summer clinic): _____
(Class times listed above)

Advanced Class (Taken summer clinic 2 or more times): _____

Parent/Guardian Names: _____

Home Phone: _____ Cell or Work Phone: _____

Email Address (Please Write Legibly): _____

Unless an activity or program is completely cancelled or some unusual circumstance prevails, refunds are not granted.

GENERAL WAIVER: I release the Waukon Park and Recreation Department staff from all liability and hereby give my permission for the above-named child to participate in archery and for the program's staff to refer my child, if injured, to the closest medical facility. I also understand that by participating in this program, I am giving consent to photos taken of my child by the Waukon Park and Recreation Department staff to be used in the newspaper and the Waukon Park and Recreation Facebook page.

Parent/Guardian Signature: _____

Return this completed form and registration fee to the Waukon Wellness Center or mail to:
Waukon Park & Rec., c/o Kim Kraus at 1220 3rd Ave. NW, Waukon, IA 52172

***** ONLINE REGISTRATION AVAILABLE *****

Go to: <http://waukon.recdesk.com> (Create family account. You can pay online with a Credit/Debit Card.)