



ARCHERY

(under 18yrs old)

REGISTRATION FORM 2022

Term 2

| | | |
|---|----------|------|
| Name: | DOB: | AGE: |
| Parent/Guardian/Emergency contact details | | |
| Name: | Address: | |
| Phone: | Email: | |
| Signature: | | |
| Is there any medical details/information we need to know about? (Allergies, injuries, medical conditions) | | |

Cost: \$100 per term upfront or \$12 per casual visit
Active Kids Vouchers accepted

| | | |
|-------|--------------------------------------|--------|
| Date: | Paid: Cash / Card / AKV / A/C Credit | Staff: |
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