

## NEXT STEP ARCHERY REGISTRATION

### Registration Information:

Archer's Name:

Age:

Birthday:

Gender:

School and Grade:

Parent/Guardian Name:

Address:

City/State/Zip:

Home:

Work:

Cell:

e-mail:

### Emergency Contact (other than parent):

Name:

Phone:

Relationship to parent:

### Allergies/Special Medical Conditions/Special Medications:

### Medical Power of Attorney:

In the event of need for emergency Medical treatment arises and reasonable attempts to contact me at the above numbers have been unsuccessful, by my signature below I hereby give consent for administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by the Next Step Archery coaches.

Parent Name:

Signature:

Date: