



York County Bowmen

Youth Development Program-Fall 2021



Based on the Archery Canada CanBow Program

Session Oct.4 – Nov.22

Club Equipment Required Own Equipment

YCB Club Member Yes No

Program Registration Form

Youth Information

First Name: _____ Last Name: _____

Gender: _____ Birthdate: _____

Street: _____

City / Town: _____ Postal Code: _____

Phone: _____ Primary email: _____

Father's Information

If different from youth's information, please enter the following:

Name: _____

Street: _____ Cell Phone: _____

City / Town / Province: _____ Or other Phone: _____

Postal Code: _____ Email Address: _____

Mother's Information

If different from youth's information, please enter the following:

Name: _____

Street: _____ Cell Phone: _____

City / Town / Province: _____ Or other Phone: _____

Postal Code: _____ Email Address: _____

Emergency Contact

Please provide an emergency contact to be used if parents cannot be reached

Name: _____

Relationship: _____ Cell Phone: _____

Medical Information

Family Physician: _____ Physician Phone: _____

Physician Address(City) _____ Health Card #: _____

Please list medical conditions, allergies, special diets, previous injuries, etc.:

Admin Use Only

Receiver Date: _____ Etransfer _____

Date Confirmed: _____ Amount: _____ Waiver Signed: Yes

Youth Development Program Fees

	Using Club Equipment	Use Own Equipment
Club Member 1 st Child	<input type="checkbox"/> \$100	<input type="checkbox"/> \$60.00
Club Member 2 nd Child	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$40
Non Club Member 1 st Child	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$130.00
Non Club Member 2 nd Child	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$80.00

Sessions

Beginner

Advanced

Fall Session (Oct. 4 – Nov. 20) Monday 6:30 – 8:00 pm

Monday 8:00 – 9:30 pm

Waiver

There is a potential risk for personal injury and damage to property while attending the Youth Development Program.

We at YORK COUNTY BOWMEN endeavor to create and maintain a safe environment at our facility and we have established reasonable control of rules of conduct for participants, spectators and guests that must be followed. Any questions in that regard should be clarified with an official.

This release must be signed by the parents or guardians of a youth participating in the YCB Youth Development Program.

Release

I/we have read the above notice of warning and fully understand the risks and conditions of participating in the events and functions organized or sponsored by YORK COUNTY BOWMEN.

I/we hereby save harmless and indemnify YORK COUNTY BOWMEN, its officers, directors, coaches and assistants from demands, claims, acting suits or proceedings arising out of participation of my/our son/daughter in any club activities or programs.

Only one parent or guardian of the participating youths needs to sign. Only one waiver form is required for multiple youth in one family.

List participants Name: _____

Date: _____

Print Parent / Guardian Name: _____

Signature: _____

Send Completed Application to:

Please email a completed form to ydp@yorkcountybowmen.com with the **student's full name in the subject line**

For payment please send an e-transfer to joinus@yorkcountybowmen.com with **"2021 Fall YDP Payment – Student's Full Name"** in the e-transfer description box.



For additional information on the registration process or program contact Andrew at ydp@yorkcountybowmen.com (Please write "YDP" in the subject line to ensure you get through my spam filter!)