



# York County Bowmen

## Youth Development Program-Fall 2019



Based on the Archery Canada CanBow Program

Session  Sept. – Dec.  
 Club Equipment  Required  Own Equipment  
 YCB Club Member  Yes  No

### Program Registration Form

**HST does not apply. Thank you for printing clearly**

#### 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: \_\_\_\_\_ Chq or Etransfer \_\_\_\_\_ Name on Cheque: \_\_\_\_\_  
 Date Confirmed: \_\_\_\_\_ Amount: \_\_\_\_\_ Waiver Signed:  Yes

## Youth Development Program Fees

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

## Sessions

	Beginner	Advanced
Winter Session (Jan. – June)	<input type="checkbox"/> Monday 6:30 – 8:00 pm	<input type="checkbox"/> Monday 8:00 – 9:30 pm
Fall Session (Sept. – Dec.)	<input type="checkbox"/> Monday 6:30 – 8:00 pm	<input type="checkbox"/> 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 submit this form with a cheque of the appropriate funds payable to York County Bowmen to the following address:

**YDP Program, 15887 McCowan Rd. RR #3, Newmarket, ON L3Y 4W1**

You may also send an etransfer to [ydp@yorkcountybowmen.com](mailto:ydp@yorkcountybowmen.com)

For additional information on the registration process or program contact Thomas Masak at [youthdevelopment@yorkcountybowmen.com](mailto:youthdevelopment@yorkcountybowmen.com) (Please write "YDP" in the subject line to ensure you get through my spam filter!)

