



# York County Bowmen

## Youth Development Program



Based on the Archery Canada CanBow Program

- Session  Fall  Winter
- 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 <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
Fall Session	<input type="checkbox"/> Monday 6:30 – 8:00 pm	<input type="checkbox"/> Monday 8:00 – 9:30 pm
Winter Session	<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 email a completed form to [ydp@yorkcountybowmen.com](mailto:ydp@yorkcountybowmen.com) with the **student's full name in the subject line**

For payment please send an e-transfer to [joinus@yorkcountybowmen.com](mailto:joinus@yorkcountybowmen.com) with **"2021 Winter 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](mailto:ydp@yorkcountybowmen.com) (Please write "YDP" in the subject line to ensure you get through my spam filter!)