

Whitecourt Fish & Game Association



Only one person may register per form. Please photocopy for additional registrations.

Child's Name: _____ Age: _____

Previous Archery Experience: Yes:___ No:___ If so: How long: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Phone (Day): _____

Phone (Evening) _____

Email address: _____

Alberta Health Care Number: _____

Participants understand that photographs may be taken during the sessions and may be used in future support of the program. I give permission for any photographs of myself or my child, that are taken during the event, to be used in future promotional material for the Whitecourt Fish and Game Association and/or WFGA's Junior Archery Program.

Please check box: Signature: _____

The applicant recognizes that the program involves some risk and that she/he takes responsibility for all action or injury that may result by participating.**

Signature: _____

**Completion of the Release of Liability form is also required.