

JUNIOR OLYMPIC ARCHERY PROGRAM ~ 2009

Age: 8 years old to adult
Cost: \$100.00
Class Limit: 20 Participants

Come have some fun! Bridgewater Recreation and Ace Archers are offering a one-week Junior Olympic Archery Development clinic. The program will offer instruction to children eight years old and up, and is run by a nationally certified Level III instructor and Win & Win Master Coach. Students advance at their own pace; practice and instruction is given for all levels. Why not make it a family affair and join your child on the line? The five-day program emphasizes safety while teaching good archery form and technique. Archery is an activity that provides exercise, improves math skills, teaches etiquette, requires focus, reduces stress, and is FUN!

The clinic will run for two hours each day in the lower field at Scotland Field. Class will be cancelled in case of inclement weather, and will be rescheduled.

August 17 - August 21 9:00 AM - 11:00 AM

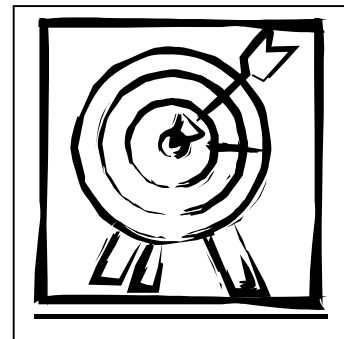
The cost is \$100.00 per participant and includes the use of all needed equipment. Due to safety concerns, class size is limited to 20 participants.

An Advancement Award is presented on the last day that demonstrates the student's progress through the 10 levels of achievement.

Bridgewater Recreation started offering the Archery program several years ago as an alternative to the more common team sports. In addition to participating in a sport, the benefits of participating in archery include mental focus, self-discipline, and social interaction. The program gives returning children a chance to develop and improve their skill while beginners have the fun of learning a new sport. The great thing about archery is that you can progress at your own rate. Archery provides a unique sport experience complete with exercise, mental control, and social interaction.

Join the fun and learn a new sport!

Director: Tom Herrington, Ace Archers





BRIDGEWATER RECREATION COMMISSION
In cooperation with Ace Archers presents



JUNIOR OLYMPIC ARCHERY DEVELOPMENT PROGRAM ~ 2009

Boys and Girls - Ages 8 and up

Lower Scotland Field

August 17 – August 21

9:00 AM - 11:00 AM

\$100.00

Participant Name _____

Date of Birth _____ Age _____ Gender: M / F

Parent / Guardian Name _____

Address _____

E-Mail _____

City _____ State _____ ZIP _____

Phone _____ Emergency Phone _____

Consent and Release



Please Read Carefully Before Signing

In consideration of my involvement in the 2009 Bridgewater Recreation Summer Archery Program, I acknowledge and agree to the following:

- 1) I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to personal property.
- 2) I knowingly and freely assume all risk, and I, for myself, and on behalf of my heirs, assign, and next of kin, hereby release, agree to hold harmless and promise not to sue Bridgewater Recreation and the Town of Bridgewater, its officers, directors, facilitators, coaches, agents, and or employees, and other participants, with respect to any and all injury, paralysis, dismemberment, and or loss or damage to personal property from this date forward to the end of time, except that which is resultant from gross negligence and/or willful or wanton misconduct.

Hereby Agreed:

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Name (PRINT) _____

BRIDGEWATER RECREATION HEALTH FORM

Please fill out the safety precautionary form below and return it by the first day of the program. **A physical examination is not required.** Please fill in any information we may need in case of an emergency.

Name of Child(ren)

Date of Birth

_____	_____
_____	_____
_____	_____

Parent/Guardian Name: _____

Address: _____ Home Phone: _____

Work Phone: _____ Beeper #: _____

**** PLEASE BE AWARE WE DO NOT ADMINISTER MEDICATION ****

IN CASE OF EMERGENCY, NOTIFY:

1. Name: _____

Telephone: _____ Relationship: _____

2. Name: _____

Telephone: _____ Relationship: _____

FAMILY PHYSICIAN: _____

TELEPHONE: _____ ADDRESS: _____

IF INJURED, DO YOU HAVE A HOSPITAL PREFERENCE? _____

IF THERE ARE ANY OTHER INSTRUCTIONS OR PRECAUTIONARY MEASURES ABOUT YOUR CHILDREN THAT OUR COUNSELORS OR EMERGENCY PERSONNEL SHOULD BE AWARE OF, PLEASE STATE:

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY THE ADULT LEADER IN CHARGE, TO HOSPITALIZE, ADMINISTER PROPER ANESTHESIA, OR TO ORDER INJECTION OR SURGERY FOR MY SON OR DAUGHTER.

SIGNATURE _____ DATE _____