Explore Archery Summer Camp is for participants 8-17 years old.
Certified Instructor.
Geared toward beginner archers who want to learn the basics and fundamentals of archery.
Equipment and snacks provided.
4 Days of developing good form, proper shooting technique, and hours of fun games and activities!
All participants must fill out a Camper information form and sign a waiver.

Explore Archery teaches and strengthens basic archery skills. It is an activity program where archers progress in form using simple games and head-to-head competitions. The program includes:

**Camp will be held at:**
York Adams Game & Fish Club
413 Country Club Rd, Abbottstown PA 17301
carchery@gmail.com

**Session 1** June 17-20, 9:30am-12pm
Session 2 July 8-11 9:30am-12pm
Session 3 July 15-18 9:30am-12pm
Member $150, Non-Member $175 per session

- Range Safety
- Equipment Basics
- The Steps of Shooting
- Structured Lessons
- Awards and Skill Achievement
- Next Step Program Options
- Fun, Exciting, and Challenging Activities

This program allows young archers to advance into the J.O.A.D Program (Junior Olympic Archery Development) after completion of Explore Archery and the basics of shooting are achieved.
# Explore Archery Summer Camp

<table>
<thead>
<tr>
<th></th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>6/17-6/20</td>
<td>7/7-7/11</td>
<td>7/15-7/18</td>
</tr>
</tbody>
</table>

Age Requirement: **MUST BE ATLEAST 8 YEARS OLD**

**Participants Name:** ____________________________________________

Circle: Male    Female

**Address:** ____________________________________________

City: ________________________________

Zip: ___________ Phone: ____________________________ e-mail: ____________________________

**School:** ________________________________

Grade: _____

Circle: Right handed    Left handed

**Birth Date:** ____________

Circle: Right eye dominance    Left eye dominance

Does the archery currently have equipment: YES    NO

Will they be bringing their own equipment: YES    NO

If so please list bow type: (toy bows and arrows or crossbows are not permitted) ________________________________

ARCHERS MAY BE ASKED TO USE CAMP BOWS FOR ACTIVITIES.

**Special Accommodations:**

________________________________________________________________________________________________

__________________________________________________________________________________________________

**Allergies (Including Food):** ________________________________

__________________________________________________________________________________________________

**EMERGENCY CONTACT**

**Name:** ____________________________________________

Relation to participant: ____________________________

**Cell Phone:** ____________________________

Home Phone: ____________________________

Work Phone: ____________________________

email: ____________________________

**Street Address:** ____________________________________________

City: ________________________________

State: ____________________________
This is a release of liability - Please read this waiver before signing

Note: This form must be read and signed before the participant is allowed to take part in any archery event.

PARTICIPANT’S NAME_________________________________ e-mail address_________________________________

Birthdate ____/____/____

In consideration of being permitted to participate in any manner in the sport and activities of archery with York Adams Game & Fish, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment involved in archery is potentially significant, including the potential for permanent disability and death, and while particular safety practices, supervision and personal discipline will minimize this risk, the risk of serious injury does exist;

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my participation; and,

3. I understand that the activities of archery are potentially dangerous. I also understand that the Range Officer is responsible to ensure all participants will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless York Adams Game & Fish and activity director, Christie Colin, the members and lessors of the premises used to conduct the archery activities, their officers, officials, and agents, with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise, except that which is the gross negligence and/or wanton misconduct.

5. I understand and agree that this Release of Liability Waiver Agreement covers each and every archery activity and event in which I participate in hereafter.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK WAIVER AGREEMENT. I FULLY UNDERSTAND IT’S TERMS, CONTENTS, MEANING AND IMPACT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_________________________________________________________ Date signed: __________________