

REGISTRATION/PARENTAL CONSENT FORM

Name _____
Age _____ Birth date ____/____/____
Grade Level _____
Address _____

City _____ State _____
Zip _____
Email _____
School _____
Home # _____
Emergency # _____
Allergies/Medical Info _____

To Whom It May Concern: The undersigned does hereby give permission for my child, (print name of child) _____, to attend and participate in the SOE ARCHERY CAMP, JUNE 20-24, 2016.

We (I) authorize as an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Student Outdoor Experience.

Parent _____ Date _____

or Legal Guardian _____

Date _____

STUDENT OUTDOOR EXPERIENCE
ATTN: ARCHERY CAMP
P.O. BOX 73
FLOYDS KNOBS, IN 47119



ARCHERY CAMP Registration



Student Outdoor Experience
LEAD THE WAY



FAQ's

Student Outdoor Experience, a non-for-profit organization, provides archery lessons and camps throughout the year and during the summer for an entire week. These sessions give students an opportunity to be mentored and motivated to become great sportsmen, conservationists and leaders in their homes and communities. Each session creates an exciting venue for students to become more involved and trained in the sport of archery and the outdoors. SOE has a desire for each student to find the leader within them and to achieve their highest level of potential, which makes them the most successful leader in life.

Archery Day Camp (9-14 Years of Age)

Date: June 20-24

Time: 8:30 a.m. - 11:30 p.m.

Snack Included

Location: Graceland Church

3600 Kamer Miller Rd.

New Albany, IN 47150

Tuition: \$75

Registration: Completed form and \$25 registration fee which will be applied to camp balance with remainder due at check-in.

Using modern youth archery equipment, discover the fun, challenging, and safe sport of target archery. With our certified, insured archery instructors, students learn the techniques needed to be a successful archer. After a week on the range, kids will have developed their skills enough to identify all safety steps, shoot and score a competition target and learn new archery games such as tic tac toe and water balloon bust.

www.soelive.com | 888.291.1611



What type of activities do the students do at the Archery Day Camp?

Our extensive camp program consists of indoor and outdoor activities. We have activity specialists who run everything from archery to games that teach team building skills. We give the students the opportunity to have some hang time and get to know new friends, but most of our day is packed full of fun activities. Each game and activity is designed to teach leadership and team building skills such as relay's, scavenger hunts, 3D Shoots and fun competitions.



How well is the archery range supervised?

One of the areas that make SOE Archery Camp special is our archery program. The archery range is only open under direct supervision of our camp director and instructors and no students is ever allowed to shoot or be on the range without direct supervision. Safety is first and foremost at all our events and will be modeled and expected from all campers.

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LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Student Outdoor Experience, for participation in SOE ARCHERY CAMP, JUNE 20-24, 2016, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Student Outdoor Experience and and sponsoring organization and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Student Outdoor Experience to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years): We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Participant Only:

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the Camp. Participant _____

(If participant is under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)

Participant (print) _____
 Parent(s) phone _____
 Hospital Insurance Yes No
 Insurance Company _____
 Policy Number _____
 Physician _____
 Physician's phone _____
 Emergency phone _____