



JOAD PROGRAM APPLICATION

Office Use Only:

Class Assigned: _____

Deposit Paid: _____

Date Paid: _____

Check Visa M/C Amex

Please Print all of the Required Information Below

Date: _____ Home Phone #: _____

Name: First: _____ Middle Initial: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ DOB: _____ Age: _____ Sex: M____ F____

Special Medical Conditions or Allergies : _____

Emergency Contact (Name & Tel #) _____

Does your child have their own equipment? Y____ N____

Does your child have any experience in the sport of archery? Y____N____ JOAD Rank: _____

Parental Consent and Release for JOAD Program Participation

(To be completed by parent or legal guardian only)

I, _____ in consideration of Tepee Archery & Supply of Acton, MA
(Name of Parent, Legal Guardian)

permitting _____ to participate in its JOAD Program do hereby
Name of Child

consent to such participation, and in the event of injury or accident to my child, do hereby release, discharge, absolve and hold harmless Tepee Archery & Supply, its officers and directors, stockholders, employees, volunteers, leaders, instructors and coaches from any and all liability or responsibility thereof, from this date to the end of time.

(Signature of Parent/Legal Guardian)

(Date)

(Witnessed By)

I agree that my child may be photographed during JOAD activities and I grant Tepee Archery & Supply the right to publish such pictures on their website and in promotional materials. No identification of my child will be used at any time.

(Signature of Parent/Legal Guardian)

(Date)

(Witnessed By)