

ARCHERY

Youth ages 8-15, learn to safely shoot a compound bow using National Archery in the School Program instruction through Three Rivers Park District. Shoot at targets, participate in challenges and play fun games. Equipment is provided. Register by October 17.



210201-A: Friday, October 21

Time: 10:30 a.m. -12 p.m.

Location: French Park, 12605 Rockford Road, Plymouth

Fee: \$15 Residents of New Hope, Crystal and Robbinsdale
\$22 Nonresidents

Register with: New Hope Parks and Recreation
4401 Xylon Avenue North
New Hope, MN 55428
763-531-5151

Online: www.webtrac.nhrecexpress.com



Refunds, program credits or transfers are allowed up to one week prior to the start of the program or by the printed deadline. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. Refund amount is dependent upon program and supplies involved. All refunds are subject to a \$5 service fee. Confirmations are not sent. Sorry, exceptions for ages cannot be made. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card. Call 763-531-5151.

Archery – October 21 (210201-A)

Name _____ Phone (h) _____ (c) _____

Address _____ City _____ Zip _____

Birthdate _____ Age _____ Parent/Guardian _____

Email Address _____ Amount Enclosed \$ _____

Does participant have a special need? _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the city in promotional materials.

Parent/Guardian Signature _____ Date _____

AmEx/Discover/MC/Visa # _____ Exp Date _____ Security Code _____