

Application and Permission Slip for Archery Club

Please fill in the survey for archery club:

1. I have taken archery classes in Mrs. Hamilton's PE classes. Yes or No
2. I have taken archery classes/lessons outside of WCMS. Yes or No (If yes, indicate where: _____)
3. I am currently involved in other interscholastic sports. Yes or No (If yes, indicate which sport(s) and the practice schedule for each sport in the space below. If interscholastic sports interfere with the archery schedule, you are not allowed to participate in the archery club during that semester until the sport is over):
4. If you have taken archery classes, what type of bow did you learn to use?

Archery Permission Slip

I understand that the archery club will meet on the following dates:

- | | |
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| - Tuesday, Sept 21 st 3:30-4:30 pm | -Thursday, Nov. 11 th , 3:30-4:30pm |
| -Thursday Sept 30 th 3:30-4:30 pm | -Thursday, Nov 18 th , 3:30-4:30pm |
| - Thursday, Oct 14 th 3:30-4:30pm | -Thursday, Dec 2 nd , 3:30-4:30 pm |
| - Tuesday, Oct 19 th 3:30-4:30pm | -Thursday, Dec 9 th , 3:30-4:30pm |
| - Thursday, Nov. 4 th 3:30-4:30pm | -Thursday, Dec 16 th 3:30-4:30pm |

and will be taught by instructors who have been certified by the National Archery Association or the 4H Extension agency to instruct others in archery. I will be able to pick up _____ (student name) or have a ride arranged for him/her at 4:30 p.m.

I understand the arm guards, bows and other equipment will be provided by the school.

I give permission for _____ (student name) to participate in the archery club.

Signed,

_____ (parent/guardian signature)

Parent Interest Form

- I am interested in archery and would like to volunteer to help the instructors after school on the above dates.
- I have completed my background check with WCMS (or another school in the county)

Signed, _____ (parent signature) _____ (phone #)

Turn permission form to Mrs. Melody Hamilton (PE teacher) by Sept. 20th to participate**