

# Glendale Archery Club



## Program Info:

**Who** – Students in 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> grades

**When** – 7:30 a.m. – 8:00 a.m. Tuesdays & Thursdays (before school)

**Where** – Glendale Middle School Gym

**Contact** - Lucas Tucker (801) 974-8319 (x 1110)

<b>Student Name</b>	First _____	Last _____	<b>Birth date</b>	<b>Sex (M/F)</b>
<b>School Last Attended</b>	<b>Special Needs:</b> YES _____ NO _____		<b>Student Lunch #</b>	<b>Grade (entering)</b>

<b>Legal Address</b>	Street _____	City _____	Zip _____
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<b>Guardian/Mothers Name:</b>	<b>Mothers Phone:</b>
<b>Guardian/Fathers Name:</b>	<b>Fathers Phone:</b>

<p><b><u>Allergies or Allergies to Medication</u></b>          YES _____ NO _____          If YES, please list:          1. _____          2. _____</p> <p><b><u>Photo Press Release</u></b>          I give permission for photographs and video recordings of my student may be taken by the Archery Club Program and may be used in promotional materials for this and other partner programs.          DO _____ DO NOT _____</p> <p><b><u>Information Sheet</u></b>          _____ I have read, and understand the information sheet provided along with my application.</p>	<p><b><u>Emergency Contacts</u></b>          Responsible adults who can be contacted if parents cannot be reached at home or work.          Name: _____ Phone _____          Address: _____</p> <p>Name: _____ Phone _____          Address: _____</p> <p><b><u>Parent Permission:</u></b>          In the event of illness or accident to a child of mine while attending school which, in the judgment of the principal of the school, or this authorized designee, would seem to require medical attention          I hereby DO ___ DO-NOT ___ authorize the principal or his/her designee, to secure medical services for my child, at my expense, including doctor, hospital, and ambulance services if I cannot be reached promptly by phone or, if in the judgment of the principal/designee of the school medical help is immediately required without time to reach me.</p>
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### **FIELD TRIP PERMISSION FORM**

Occasionally, our after-school program will entail walking to nearby parks, swimming, and taking the school buses or UTA to points of local interest. Every possible precaution will be exercised to ensure the safety and welfare of your child. However, the school and its authorized agents shall not be responsible, financially or otherwise, should an accident occur.

**My student DOES \_\_\_ DOES NOT \_\_\_ have permission to participate in field trips**

_____	_____
Parent/Guardian Name ( <i>Please print</i> )	Date
_____	
Parent/Guardian Signature	