



**First Baptist Church**

16 Church Street  
P.O. Box 189  
Maine, NY 13802  
(607)-862-9617

# CENTERSHOT ARCHERY 2018 REGISTRATION

\$15 First Child, \$10 Second Child, \$5 Every Additional Child. Adults \$20 Each.  
(Checks payable to First Baptist Church)

Archer's Name: \_\_\_\_\_

DOB (MM/YYYY): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ T-Shirt size: Child: \_\_\_\_\_ Adult: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical: Allergies (Food, Animal, Stings, Etc): \_\_\_\_\_

**Medical / Photography Release:**

I give my permission for my son/daughter to participate in the First Baptist Centershot Ministry. I also fully understand that I am giving permission for my child to participate in archery activities that include all use of bow and arrow. I will not hold the church or leaders related to the ministry or events held by the ministry legally responsible for any injury to my child. In the event that I cannot be reached, I authorize the securing of qualified medical treatment should any emergency require it. This form is to allow your child(ren)'s photos to be displayed fbcmaine.org and or facebook.com/firstbaptistmaineny, with the understanding that anyone can view these photos and images. Personal information about my child will not be listed with these photographs or videos. This form is to clear First Baptist Church and any individuals, organizations directly or in directly affiliated with First Baptist Church from any circumstance and or outcome with regards to images and photograph(s) placed on The First Baptist Church website or Facebook pages. You the Legal Parent or Legal Guardian accept any outcome, and will not hold First Baptist Church responsible or accountable in any way.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_

-----Administrative Use Only-----Do Not Write Below-----

Date & Time Registered: \_\_\_\_\_ Paid By: Cash or Check Number \_\_\_\_\_

Registration Number: \_\_\_\_\_