

**Heart of Maryland Youth Club &
NFAA - D.A.Y.S. PROGRAM
Development in Archery for Youth Shooters
A program of the National Field Archery Association**

Membership Application

Please print

Date _____ *Phone Number* _____

Student Name _____

Parent or Guardian Name _____

Address _____

City _____ *State* _____ *Zip* _____

Student's Age _____ *Date of Birth* _____

Male *Female* *(please check one)*

**Parental Consent and Release for Youth Archery
Program Participation**

I _____, in consideration of the NFAA DAYS Program and the Heart of Maryland Youth Club, permit _____ (students name) to participate in their program and do hereby consent to such participation and in the event of injury or accident, do hereby release, discharge and absolve the NFAA, the Maryland Archery Association, Heart of Maryland Bowhunters, their youth club, the program volunteers, leaders and coaches from any and all liability of responsibility therefore.

Safety Notice: When safety rules are not followed, archery can be dangerous. Although injuries are rare, they still can happen. If you wish to have your child participate in this program, you must be aware of the dangers of a shooting sport. Shooting archery in our program will be conducted under the course supervision of an approved NFAA instructor who will minimize all possible dangers.

In order to demonstrate or to show your child how to accomplish the proper bow arm position, back tension, stance, release, etc., sometimes the instructor may need to touch arms, shoulders, neck, head, hands, feet and back to help place them into the correct shooting position. Do you object to your child being touched within those parameters?

YES NO (please check one)

Signed at (City) Sykesville, Maryland

This _____ day of the month _____ year _____

Signature (parent or legal guardian) _____