

**PHS Archery Club  
Annual Archery Clinic  
October 28, 2023  
1:00-4:00  
PHS Gym**

This clinic is designed for beginning archers who are new to the sport **and** for more experienced archers who would like to have a chance to practice their skills. If you have your own *Matthews Genesis* bow, you may bring it, but we have plenty of bows for you to use that day. Please note that the *Matthews Genesis* bow is the only type of bow that you will be allowed to use on school property. We will provide arrows, so please **do not** bring any with you. There is no charge for the clinic, but it is only open to PHS students. Please have your ride home available at the school no later than **3:45PM.**

### **Dress Code**

Please wear comfortable clothing that adheres to the PHS dress code. Avoid anything too baggy or loose that might get tangled up in the bow. If your hair length is past your shoulders, please bring something to tie it up with. You must wear closed-toe shoes, preferably sneakers, to be allowed to shoot. Please don't wear boots as they mark up the gym floor.

### **Forms**

All archers must have a completed "Participant Information Sheet and Waiver" form in order to participate. The forms are on the back of this sheet.

### **PHS Archery Team Tryouts**

Tryouts for the PHS Archery Team will be held in the PHS gym on December 2nd from 1-4 PM. You must be present and on time if you would like to try out. **There will be no exceptions.**

**PHS Archery Club  
Participant Information Sheet and Waiver**

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Have you been on archery team before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you bow hunt? \_\_\_\_\_ T-shirt size \_\_\_\_\_

Parent name \_\_\_\_\_ Phone number \_\_\_\_\_

Parent email \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Please list any health concerns that we should know about. \_\_\_\_\_

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**Autauga County Board of Education  
Permission Slip and Waiver of Liability**

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ give permission  
(Printed Name of Parent) (Printed Name of Student)  
for my child to participate in the PHS Archery Clinic/Tryouts (“the Activity”).  
(Printed Name of Activity, e.g. field trip, football, etc.)

I understand that the activity is optional and I may have to make special care arrangements for my child during the time of the activity. I assume all risks and hazards of loss or injury of any kind that may arise in connection with the activity, except for gross negligence or intentional infliction of harm by the Autauga County Board of Education, its officers, employees or agents.

I do hereby agree to release and hold harmless the Board, its officers, employees and agents from any and all claims, costs, suits, actions, judgments and expenses for any damage, loss or injury to my child or damage to my child’s property arising from my child’s participation in the activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date