

Centershot Ministry Registration Form

Information

Archer's Name: _____ Age: _____

Street Address: _____

City/State/Zip: _____

Parent Name: _____

Best Contact Phone: _____ Alternative #: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Medical

Allergy (Food, Animal, Stings, Etc.): _____

I give my permission for my son/daughter _____ to participate in The Convergence 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 on theconvergencenc.com and or [facebook.com/TheConvergenceNC](https://www.facebook.com/TheConvergenceNC), with the understanding that anyone can view these photos and images. This form is to clear The Convergence and any individuals, organizations directly or indirectly affiliated with The Convergence from any circumstance and or outcome with regards to images and photograph(s) placed on The Convergence website or Facebook pages.

You the Legal Parent or Legal Guardian accept any outcome, and will not hold The Convergence responsible or accountable in any way.

If you are not the Legal Parent or Guardian You are not allowed to give permission for activities or images/ photographs to be posted for any child / children, individual or entity.

Signature of Parent or Guardian: _____ Date: _____

Relationship to Child: _____