

CHIEFTAIN ARCHERY YOUTH SHOOT

4711 Leechburg Rd.

New Kensington, PA 1506

Date _____

T Shirt sizes

Child S, M, L OR Adult S, M, L, XL, XXL

Child 1 name and T-shirt size _____

Child 2 name and T-shirt size _____

Child 3 name and T-shirt size _____

Child 4 name and T-shirt size _____

Child 5 name and T-shirt size _____

I, _____ give my child(ren) permission to participate in the Chieftain

Archery Youth Shoot Program. I understand that my child is responsible for his/her actions and will not hold Chieftain Archery, it's coaches, members, or instructors responsible for my child's actions.

Parent/Guardian Signature _____

E-mail Address _____

Phone number _____