



ARCHER INFO:

NAME: _____

AGE: _____ **D.O.B.** _____

OCCUPATION: _____

CONTACT INFO:

PHONE NUMBER: _____

BEST EMAIL TO USE: _____

ALLERGIES: _____

MEDICAL CONDITIONS / SPECIAL NEEDS: _____

ANYTHING SPECIAL WE SHOULD KNOW ABOUT YOU?

*****ATTENTION: THERE WILL BE TIMES WHEN COACHES WILL NEED TO
"TOUCH" YOU FOR PROPER POSITIONING & STANCE*****