



**ARCHERS NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**CONTACT INFO:**

**PHONE NUMBER:** \_\_\_\_\_

**BEST EMAIL TO USE:** \_\_\_\_\_

**MEDICAL CONDITIONS / SPECIAL NEEDS:** \_\_\_\_\_

**ANYTHING SPECIAL WE SHOULD KNOW ABOUT YOU?**

\_\_\_\_\_

**\*\*\*ATTENTION: THERE WILL BE TIMES WHEN A COACH MAY NEED TO "TOUCH" YOU FOR PROPER POSITIONING & STANCE\*\*\***

**YOU AGREE TO THE RANGE RULES. \_\_\_\_\_ SIGN**

**YOU AGREE TO BE COACHED IF YOU'RE SHOOTING UNSAFELY. \_\_\_\_ int**

**YOU UNDERSTAND YOU MAY BE ASKED TO LEAVE IF YOU ARE ACTING IN AN UNSAFE MANNER FOR YOURSELF, OTHERS OR THE PROPERTY.**

\_\_\_\_\_ **SIGN**

