Government of Virgin Islands Archery Field Use

This form collects consent from parents or guardians for your upcoming trip. Please submit separate forms if you have more than one child who will attend and if you are a participant with a child.

* Required

* This form will record your name, please fill your name.

Participant's information

1. Full Name *

2. Child's age

3. Parent's / guardian's full name *

4. Parent's / guardian's or Participant phone number *

5. Parent's / guardian's or Participant email address *

6. Do you consent for your child to participate?

- ◯ Yes
- ◯ No

Practice schedule

7. Date of Use *

8. Need Equipment? *

- ◯ Targets and equipment
- ◯ Target only
- ◯ Nothing needed
- ◯ Other

9. Preferred practice time *

- ◯ 10:00AM - 11:30AM
- ◯ 1:30PM - 3PM

10. What is your perceived level of expertise with archery? *

0	1	2	3	4	5	6	7	8	9	10

Not likley at all — Extremely likely

11. If you are a coach, select your USA Archery Level. *

1	2	3	4	5

not at all — very capable

Parental consent

12. Does your child have any allergies?

- ◯ Yes
- ◯ No

13. If yes, please list **all** allergies.

14. Do you confirm that your child is medically fit and able to participate in **all activities**?

- ◯ Yes
- ◯ No

15. Do you have any other special requests or comments for the activities? Please leave it below.

16. Parent/Guardian signature

17. Signature date

18. Participant signature *

19. Signature date *