

ARCHERY

RECREATION DEPARTMENT

The Heart of the Neighborhood



PASEO DEL REY PARK ● 750 PASEO DEL REY ● (619) 691-5140

ARCHERY CAMP

Ages 8 - 17 years

1:00 - 3:00 pm

Monday - Friday

July 20 - 24

#5548.360

Fee: \$65 Res / \$80 Non

All levels welcome



ARCHERY CLASSES

Saturdays

July 11 - August 29

Fee: \$50 Res / \$63 Non

BEGINNER Ages 8 - 17 years
9-9:50 am #5230.361

INTERMEDIATE Ages 8 - 17 years
10-10:50 am #5235.361

ADVANCED Ages 13+ years
11-11:50 am #5240.362



*Tara Robey will be the lead instructor with possibly other certified US Archery Association Instructors assisting.

Learn the fun and growing sport of archery. Equipment is provided. Great for scouts looking to receive an archery patch.

Please Circle Activity # 5548.360 ● 5230.361 ● 5235.361 ● 5240.362

REGISTRATION:

Walk-in registration at any Chula Vista Recreation Center or online at:

www.chulavistaca.gov/rec

Please Note: A nominal, non-refundable fee is charged in addition to the class fee for the online service provided by a registration vendor.



Participant: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

I _____ (REGISTRANT), and I _____ *(parent/guardian), hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature: _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.