

Archery Programs



Cooperative program with the cities of Crystal, New Hope and Robbinsdale along with Orion Archery. *Orion Archery will provide equipment/bows, arrows, targets and safety equipment along with certified NADA and ASAP Instructors.* Note: Resident rate applies to residents of Crystal, New Hope and Robbinsdale.

Archery: Beginning

Learn the range safety and proper shooting techniques for shooting compound and traditional bows. Also learn some of the history and traditions surrounding archery.

Register by June 6.

Who: Youth, 8-14 years

When: Fridays, June 15-July 6

9:00-11:00 am

Where: Robbinsdale Community Gyms & Fitness Center
Enter Door #18, Robbinsdale Middle School

Fee: \$76 Resident
\$83 Non resident



Archery: Intermediate

For youth who have had an introduction to the sport of archery and would like to develop additional skills. Class will also review range safety and more advanced shooting techniques for shooting compound and traditional bows.

Register by July 10.

Who: Youth, 8-15 years

When: Fridays, July 20-August 10

9:00-11:00 am

Where: Robbinsdale Community Gyms & Fitness Center
Enter Door #18, Robbinsdale Middle School

Fee: \$76 Resident
\$83 Non resident



FYI: For more information or to register using a major credit card, you can call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. You can also Fax completed form to 763-537-7344. Or mail/drop off with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.

Refunds, program credits or transfers are allowed up to one week prior to start of the program. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check transaction.

Archery Registration & Waiver Form

Please print clearly. Make checks payable to City of Robbinsdale: 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Youth's Name _____ Birthdate: _____ Grade: _____

Circle Program **Beginning** *Intermediate* Total AMT: \$ _____

Contact's Name: _____ Phone (H) _____ (W or cell) _____

Contact's email: _____ ADDRESS _____

CITY _____ ZIP _____ Payment: CASH CHECK CREDIT CARD

Credit Card Number: _____ 3 or 4 Security Code _____ Expiration Date: _____

Card Holders Signature: _____

Please list any special needs or equipment participant may need: _____

Liability Waiver:

The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

Photographs are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, check here

Signature Participant or guardian, if participant is under 18 : _____ **Date:** _____