

# Archery Programs

Cooperative program with the cities of Crystal, Golden Valley, 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. All levels welcome to develop their skills in the sport of Archery. This will include learning range safety and proper shooting techniques for shooting compound and traditional bows. Deadline to register is one week prior to start of session.

**Who:** Youth, 8-14 years old  
**Where:** Robbinsdale Community Gyms & Fitness Center  
 Enter Door #18, Robbinsdale Middle School



### Spring Session

**Activity:** 111020  
**When:** Tuesdays, April 10-May 1, 6-7:30 pm  
**Fee:** \$65



### Summer Sessions

**Activity:** 211020  
**When:** Fridays, 9-11am  
**Session 1:** June 8-June 29  
**Session 2:** July 13-August 3  
**Fee:** \$76/session

*Please feel free to bring your own water bottle and peanut free snack.*

**FYI:** For more information or to register please check online at <https://webtrac.robbinsdalemn.com> or you can check our website: [www.robbinsdalemn.com](http://www.robbinsdalemn.com). You can call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. 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 registration deadline. 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 to process the payment.

## **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 Session**    *Spring*    *Summer Session 1*    *Summer Session 2*    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 \_\_\_\_\_