**Marshall County Archery 2018-2019 Coaches: Russ Howard, Nicole Shipman, Nathan Lilly**

 Please fill out this form completely and return it to the following teachers by the end of the school day before Friday November 9, 2018. We will have a mandatory parent/member information meeting on November 13 at 6pm in the John Marshall Commons. We will only inform applicants that do not make the team. We will not contact you about making the team. We can only take a specific number of shooters per school and have a criteria for this process. To get your desired shoot time for practices you must attend the parent/member meeting on 11/13.

The practice times will be lengthened to allow for a little more time on the range. However, all shooters must arrive a few minutes early to sign in and get their equipment ready to shoot.

**Mandatory Practice Schedule**

**Tuesday Wednesday**

JM 1 4:30 – 5:05 JM3 4:30 – 5:05

JM 2 5:10 – 5:45 JM4 5:10 – 5:45

MMS1 5:50 – 6:25 SMS1 5:50 – 6:25

MMS2 6:30 – 7:05 SMS2 6:30 – 7:05

Thursday *voluntary* schedule: Top priority to those who reserve their spot by signing up on bulletin board. Don’t sign up if you aren’t going to show. Times are 4:30 – 5:00, 5:00 – 5:30, 5:30 – 6:00. We will add and additional block if needed

We will **NOT** be using Remind 101. We will be using an APP called BAND. This app replaced remind 101 and the website for information. <https://band.us/n/a1abY127taJ4s>. The group name is Marshall County Youth Archery. The app icon is green and looks like this 

Our archery team is NOT a sanctioned sport by the West Virginia Secondary Schools Activities Commission, but is a club sport. As such, we rely on fundraising by our shooters and their families. Last year our largest fundraisers were the raffle for a lifetime hunting and fishing license, our home tournament and Defelice Pizza Cards.

On days when Marshall County Schools are closed due to weather, we are not allowed to practice. Check the band app if you are unsure.

Space on the teams are limited due to safety and budget constraints. Shooters who do not come to mandatory practice will be replaced with students from the waiting list. If you decide you don’t want to be a member any more, let us know ASAP. Students are ranked on the waiting list according to grades, attendance, and discipline.

School behavior, attendance, and grades can affect your ability to participate on the team. Students who are suspended are not allowed to practice that day. Students suspended on a Friday – Monday aren’t allowed to go to a Saturday tournament. Students who don’t carry a 2.0 will be suspended from the team until the next grading period when they can rejoin the team.

Safety is top priority at practices and tournaments. We have zero tolerance for actions that put shooters or teammates at risk of injury.

**Marshall County Youth Archery Club Rules & Guidelines**

* NEVER point a drawn bow at anything other than an archery target. People are NOT targets! Immediate expulsion from the team and possible school disciplinary actions and/or referral to law enforcement.
* Listen to and respect all instructors. They are here to help you and keep this program safe and fun!
* Listen to and follow all whistle blast and commands from your instructors.
* NEVER "dry fire" your bow. That is, DO NOT draw the string back and release it WITHOUT an arrow. This could damage the bow and cause serious injury to you.
* Secure all loose clothing, to avoid becoming tangled in the cam mechanism.
* Do NOT shoot straight up or in any other direction that may endanger people or other objects.
* Do NOT aim at or near other people. (Not even in a joking manner.)
* Make sure target area and path to target are clear before shooting.
* Do not allow the bow limbs to contact any object when the bow is being operated.
* Do not touch or pick up ANY equipment until you are given the proper commands.
* Be careful of protruding parts and accessories (such as the cable guard, bow stabilizer, and quiver) when operating the bow.
* Do not draw the bow beyond its maximum draw length. (30 inches)
* Do NOT run to the target immediately after your shot. Wait until the proper whistle blast or command from your instructor.
* Do NOT run, throw, or "play" with an arrow or bow. WALK when carrying arrows.
* If you draw your bow with an arrow necked (on the string), and you change your mind about releasing that arrow (or an emergency whistle blast is blown), slowly and carefully allow your string hand to return the string to its original (undrawn) position. This is called "letting down".

**Return this page ONLY to Mr. Woods at MMS, Miss Prascik at SMS, or Mrs. Shipman at JMHS by Friday November 9th.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade : \_\_\_\_\_\_ Student (lunch) ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you been on the Marshall County Archery team, if any? \_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other family 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other family 4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the staff is unable to reach me, I hereby authorize the program staff to contact the physician listed and follow his/her instructions. If the staff is unable to contact the physician indicated, the coordinator is requested to make whatever arrangements necessary for treatment as the attending physician may direct. I agree not to hold the Marshall County Youth Archery Club staff or its affiliates responsible for any accident that may occur. I hereby understand that the participants will be closely supervised and that if a serious injury or illness develops, medical and or hospital care will be given; however, I do hereby release any member of the staff from liability in case of accidental injury and illness. I understand that in case of serious injury or illness I will be notified, but if it is impossible to contact me, I hereby give permission for emergency treatment.

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies or other special medical information that the staff should now about your child (special dietary needs, hearing, epi-pens, inhalers, bee stings, or any restrictions in activity.)

Will your child need to take medication during practice hours or tournaments (all day on Saturdays)? Yes or No?

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print student name) full understand the rules and guidelines that were presented. I agree to follow these rules and understand that the consequences can result in the immediate suspension and/or termination of my position in the Marshall County Youth Archery Club. My child has permission to participate in the Marshall County Youth Archery Club.

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return page three ONLY to Mr. Woods at MMS, Ms. Prascik at SMS, or Mrs. Shipman at JMHS by Friday Nov 9, 2018.**