

Jaguar Archery Academy is beginning. Please read carefully, meeting are as follows:

**7th Grade meets Monday,
Wednesday, Friday**

Dates:

11/13, 11/15, 11/17, 11/20, 11/27, 11/29

**There will be no make up days for school
closings or absences**

All sessions are after school until 3:20

Return by 11/10.

My child _____ is interested in taking the class offered by the Jaguar Archery Academy. My child's homeroom is _____. I understand that I am expected to pick up my child promptly at **3:20 pm**.



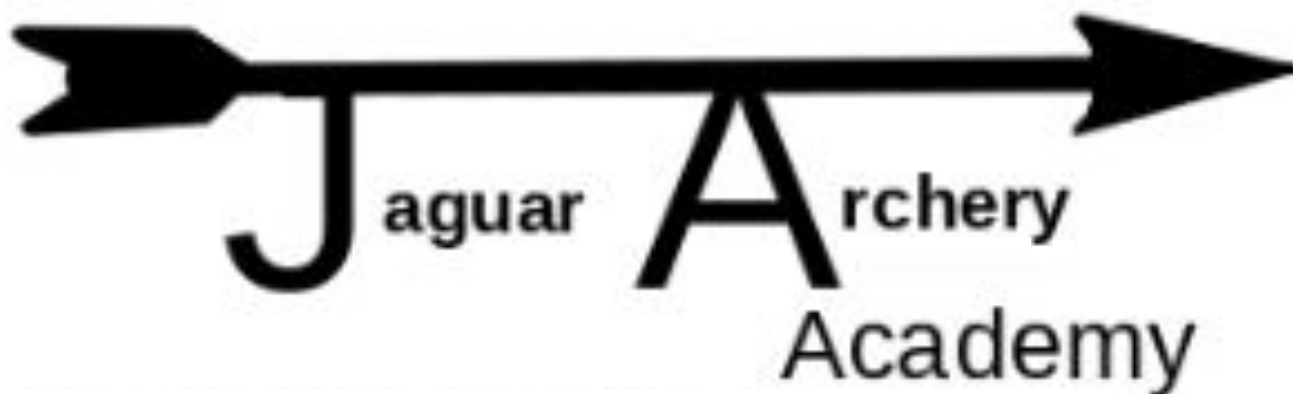
Parent Signature _____

**Please complete the
back of this form.**

If you have any questions contact:
Mr.Ackerman-tackerman@gmrdsd.com
Mr.Poyer-apoyer@gmrdsd.com

Pick-Up Person Name: _____

Phone # _____



Return by Nov 10th

Parental/Guardian Consent and Release for NASP Program Participation

(To be completed by parent or legal guardian only)

I, _____, do hereby consent to allow _____
(Name of Parent/Legal Guardian) (Name of Student)

to participate in the National Archery in the Schools Program, and in the event of injury or accident to my child, do hereby release, discharge, absolve and hold harmless National Archery in the Schools Program, State of New Jersey, Department of Environmental Protection, NJ Division of Fish and Wildlife, and GMMS, its officers, employees, volunteers, leaders, instructors, and coaches from any and all liability or responsibility thereof, from this date to the end of time.

(Signature of Parent/Legal Guardian)

(Date)