



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

**8th Grade meets Monday,
Wednesday, Friday**

Dates:

10/16, 10/18, 10/20, 10/23, 10/25, 10/27

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

All sessions are after school until 3:20

Return as soon as possible.

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@gmr.sd.com
Mr.Poyer-apoyer@gmr.sd.com

Pick-Up Person Name: _____

Phone # _____



Return as soon as possible.

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)