



— 3 - D ARCHERY —
284 Richardson Rd ♦ Williamsburg, KY 40769

Instructor Information & Membership Form

Course Location: _____

Course Date: _____

Course Instructor: _____

Course Level: Basic Instructor

Advanced Instructor

Advanced Instructor Trainer

Final Exam Score: _____

Participant Information

S3DA Membership# _____

Name: _____

DOB: _____

Address: _____

City: _____

State : _____

Zip: _____

Email: _____ Please write clearly—Primary Contact Method

Phone(Hm/Wk): _____

Cell: _____

S3DA Current Certification: _____

Date Received: _____

Other Archery Certifications: _____

Affiliation Information

School

Club

Archery Shop

Affiliation Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact Name: _____

Email: _____

Contact Phone: _____

Contact Cell: _____

If School Affiliation—What Grade Level:

Elementary School

Middle School

High School

S3DA Membership (required)

Membership is \$50.00 and includes S3DA General Liability & Professional Liability Insurance for School Year—July 1st to June 30th. You will receive an email with your S3DA Membership number once policy is in effect. Insurance is not valid until email received.

Payment Information:

Check# _____ Payable to S3DA

Amount \$50.00

Credit Card# _____ / _____ / _____

Exp. Date: _____

Security Code: _____

Billing Zip: _____

ASSUMPTION OF RISK: I, the undersigned, do hereby release Scholastic 3D Archery (DBA Scholastic Archery Association), the Training Instructor, the Training Location, the Affiliation named above, and all personnel, from losses, damages, or personal injuries incurred by myself while participating and/or viewing a Scholastic 3D Archery (DBA Scholastic Archery Association) or other archery sanctioned class or event. I fully understand and acknowledge that archery tournaments, as with other outdoor activi-

Signed: _____

Date: _____