

# Capital Region Archery Club 2008 Membership Registration



**Please Print**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_  
 DOB: \_\_\_\_\_ (DD-MM-YY) Send the newsletter by email **YES**\_\_\_\_ **NO**\_\_\_\_  
 FCA # \_\_\_\_\_ Adult/Parent Email Address: \_\_\_\_\_

**Additional family membership information**

Name #2: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD-MM-YY) FCA # \_\_\_\_\_  
 Name #3: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD-MM-YY) FCA # \_\_\_\_\_  
 Name #4: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD-MM-YY) FCA # \_\_\_\_\_  
 Name #5: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD-MM-YY) FCA # \_\_\_\_\_  
 Name #6: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD-MM-YY) FCA # \_\_\_\_\_

<u>Classification</u>	Club Membership Fees includes FCA, ATAA and Insurance	# of Members	Total \$
Junior Program	\$215.00		\$
Canbow (one time fee per junior)	x \$35		\$
Adult	\$235.00		\$
Family	\$595.00		\$

**Family consists of a minimum of 1 parent or guardian and their dependant children aged 18 or younger as of December 31<sup>st</sup> of the membership year.**

- Membership** - includes the right to special pricing for C.R.A.C. events.  
**Privileges** - All insurance and all programs offered by C.R.A.C. (i.e. Junior and/or Adult lessons).  
 - Use of club bows.  
**- Use of the indoor and outdoor facility 7 days a week/24 hours a day for the membership year (excluding scheduled event times).**

Office Use Only  
 Date of Issue: \_\_\_\_\_ Issued by: \_\_\_\_\_  
 C.R.A.C. # issued: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_  
 Payment made by:    Cheque \_\_\_\_\_ Cash \_\_\_\_\_

**(Turn Over to page 2)**

**Please read Membership Rights and Obligations in the memorandum of understanding for the 2008 season. Membership is void if not signed by an adult/guardian of a junior member.**

**Our Mission Statement**

To promote and develop the sport of archery in a safe and ethical manner by providing programs that encourage participants to enjoy themselves and achieve their personal goals.

**Volunteer Status -- "I can help in the following areas."** (please circle)

Fundraising	Event duties	Phoning	Website
Coaching	Scoring	Concession	Canbow
Handyman	Lawn maintenance	Cleaning	

**If required, my profession or special skills allow me to assist in the following way.**  
{ei. Electrician, plumber, secretary, accountant}

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**By signing I acknowledge that I have read the memorandum of understanding for the 2008 season, and agree to abide by all club rules and obligations.**

**Adult signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adult name (please print):** \_\_\_\_\_

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It is our intent to display pictures of our facility and club events on our website. The Freedom of Information and Privacy legislation (FOIP) requires the Capital Region Archery Club to obtain your permission to do so.

I hereby grant the Capital Region Archery Club and anyone authorized by the aforementioned organization the right to reproduce, publish and otherwise use photographs or digital images containing my likeness or likenesses of those listed on the reverse, on the Capital Region Archery Club website at [www.crarchery.ca](http://www.crarchery.ca) for purposes of information, promotion, and education about the Capital Region Archery Club. I understand that reasonable efforts will be made to avoid publication of any names or personal information in association with these photographs or images.

- I agree with the above statement.**
- I disagree with the above statement.**

**Adult signature** \_\_\_\_\_

**PLEASE TELL US HOW YOU FIRST FOUND OUT ABOUT  
THE CAPITAL REGION ARCHERY CLUB**

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