

**ARLINGTON INDEPENDENT SCHOOL DISTRICT**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Campus \_\_\_\_\_  
First, Middle Initial, Last

2017 - 2018 School Grade Level Year \_\_\_\_\_ T-Shirt Size (Circle One) **S M L XL Other** \_\_\_\_\_ Specify **YOUTH** Size if Needed \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street No Street City Zip Code

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**ANY MEDICAL CONCERNS**

\_\_\_\_\_  
\_\_\_\_\_



**COST \$75 FOR 12 HOURS OF INSTRUCTIONS**

Make Checks Payable to

ARLINGTON ARCHERY

\* Checks can be sent to

James Martin High School

4501 West Pleasant Ridge Road

Arlington, Texas 76016

