

BOARD OF RECREATION
234 MAIN STREET
RIDGEFIELD PARK, NJ 07660 Voicemail: 201-641-4950 ext. 610
boardofrec@ridgefieldpark.org
Info on activities: www.ridgefieldpark.org/board-recreation
SPRING/SUMMER SESSION 4/13/24 – 6/22/24

INTRODUCTION TO ARCHERY PROGRAM/CLINIC OPEN TO ALL ADULTS, FAMILIES AND YOUTH (MINIMUM 6 YRS. OLD). Adults are encouraged to shoot with their child or participate by themselves BUT you don't need a child to participate.

ARCHERY REGISTRATION: BRING FORM TO FIRST SESSION

Eligibility: Adult or youth (Must be a minimum age of 6 to participate in program) as well as live in or attend school in Ridgefield Park or work in Ridgefield Park. Open to Bogota, Little Ferry residents. Out-of-town residents will be accepted if space permits and there are trained instructors available.

Fee: \$25.00 (includes shirt); \$15.00 if you already have a shirt.
Please make check payable to RP Board of Recreation.

ARCHERY CLINIC to be held on Saturday mornings in three sessions:

9:00 – 9:45 10:00 – 10:45 11:00 – 11:45

BEGINS: April 13, 2024 – June 22, 2024 – No archery on May 25 for Memorial Day Weekend.

Equipment will be available for you to use during the clinic. Certified adults will be present to assist with the clinic.

Held at: Riverside Park (behind DPW), 24 Industrial Avenue, Ridgefield Park, NJ 07660

IN THE CASE OF INCLEMENT WEATHER, please check your email to see if the program will take place. You will receive an email by 8:00 a.m. if archery is cancelled for that day.

PLEASE CIRCLE WHICH SESSION YOU PREFER: 9:00 – 9:45 or 10:00 – 10:45 or 11:00 – 11:45

Name: _____ Adult over age of 18 _____ Please just check

Address: _____ Town: _____

Telephone No. _____ Email: _____

Youth – Age: _____ (Minimum of 6 yrs. old) School: _____

LIST ANY MEDICAL CONDITIONS: _____

I/We, parents of the above child named for participation in the Archery Clinic, hereby give my/our approval. I/We assume all risks and hazards incidental to such participation including transportation, if any. We do hereby waive, release, absolve and agree to hold harmless the Village of Ridgefield Park, members of the Board of Recreation, the organizers, supervisors, and the participants. If over the age of 18, I am signing as a participant and agree to the above.

SIGNED: _____

CLEARLY PRINT NAME: _____

*****PLEASE MAKE SURE YOU SIGN FORM; CHILD CANNOT PARTICIPATE WITHOUT SIGNATURE*****

If you have any questions, feel free to email the Board of Recreation at: boardofrec@ridgefieldpark.org or leave a voicemail at 201-641-4950 ext. 610. Please remember these are volunteers and will respond as soon as possible.

NAME ON CHECK _____ **CHECK NO.** _____ **AMOUNT** _____