

Sign Up Form

We would like to sign up our child/children _____
for the following classes for the 2017-2018 school year. Send all 4 forms and registration fee,
(\$75/family, reduced to \$50/family if registered before end of June) to ARCHERS, P. O. Box 2524,
Cartersville, GA 30120.) No refunds unless classes are cancelled or your space can be taken by someone
on a waiting list. September tuition will be due by the end of July to continue holding your space
through the summer.

We have read and understood all policies concerning payment and participation, and agree to abide by
them. We further state that we are committed to continue with the class for the entire school term
unless there are significant changes in our circumstances, such as the loss of a job or a required move
out of the area. The commitment for elementary classes is by the semester, not the year.

Student's name:

Your address:

Birthdate:

Approximate year in school:

Your home phone number:

Years homeschooled:

Your email:

Any special needs we should be aware of:

Your student's email:

Your cell phone.

Classes:

Medical/Legal Liability Release Form

(This form may not be altered in any form, and must be signed by at least one custodial parent before children are allowed to participate in activities sponsored by ARCHERS for the Lord®, Inc., whether or not parents remain with their children at the activity. No exceptions.)

In the event of a medical emergency while in attendance at any function connected with ARCHERS for the Lord®, Inc., I hereby authorize any adult leader who is present at the time to obtain necessary medical care. (We will attempt to contact parents first, but reserve the right to seek medical care in emergency situations without further authorization.) I further understand that, as parents, we will bear ultimate responsibility for the payment of any medical bills. I agree to hold the ARCHERS national organization, ARCHERS for the Lord®, Inc, the ARCHERS for the Lord®, Inc board members, and all adults associated with this program harmless for any legal or medical liability, regardless of nature or kind, that could result from our family's participation in any activity associated with the organization.

Names of Parents: _____

Name(s) and dates of birth of children:

Best phone numbers to call: (Provide two if possible)

Any allergies or medications we should know about?

Signed X _____ Date _____

Name and phone number of emergency contact other than the parent

Name and phone number of family doctor, if you have one

Insurance Company and Policy Number

A Hold Harmless Agreement

Hopewell Baptist Church

Release and Acknowledgement of Risks:

I, _____, understand and acknowledge that the activity to be engaged in brings both known and unanticipated risks to myself and/or my minor child. Those risks could result in injury, emotional distress, and/or property damage to myself and/or my minor child.

I voluntarily release, indemnify, hold harmless, and discharge Hopewell Baptist Church of Canton, Georgia, (hereinafter collectively referred to as HBC), from any and all liability, claims, demands, actions, or rights of actions whether personal to me or to a third party which are related to, arise from, or are in any way connected with my use of the facilities, including those allegedly attributable to negligent acts or omissions. I agree to reimburse any reasonable attorney's fees and costs which may be incurred by HBC in the defense of any such liability claim, demand, action, or right of action.

I acknowledge that I have adequate liability insurance to cover any bodily injury or property damage which might occur to myself and/or my minor child from use of the facilities or else I agree to bear the cost of such injury or damage myself.

I acknowledge and certify that I have had a sufficient opportunity to read this entire document, that I understand its content, and that I execute it freely, intelligently, and without duress of any kind and agree to be bound to its terms.

This agreement begins **7/1/2017** and terminates on **6/30/2018** and covers all meetings held under the aforementioned group name on any property of HBC.

Please print name

Date

X _____

Signature

Contact phone number

Child's name if under 18

Date of Birth

Statement of Faith

At least one custodial parent must either sign this statement of faith OR fill in and sign the section at the bottom.

"I hereby declare that I have personally accepted Jesus Christ as my Lord and Savior, and am doing my best to live my life in accordance with the standards and principles found in the Old and New Testaments of the Christian Bible."

Printed Name

X _____

Signature

Date

If you choose not to sign the above statement of faith, you will need to read, fill in, and sign the following:

Our family either can not or does not wish to sign the above statement of faith

Please indicate briefly why you do not wish to sign the statement. If you have a specific religious affiliation or belief system other than Christianity, please explain briefly.

"I understand that we are enrolling our child in a nondenominational Christian environment, which may have significant Christian content in the materials used, and in which the teachers may be sharing their own beliefs with the children. I agree that our standards of dress, behavior, language, and general deportment will be appropriate for the Christian environment we are entering by choice, and understand that failure to follow the standards as set forth in the resource center handbook may be grounds for being asked to leave, with no refund of monies already paid."

Printed Name

X _____

Signature

Date