

**Dixie Lee Baptist Church**  
**Centershot Ministry**  
"Making Christ the Target of Our Lives"



Centershot Ministries is a Christian archery program designed to draw churches and families together to celebrate the JOY of Jesus Christ through the life-skill of archery.

- Registration:** Completed registration forms must be turned in to Jeremy Shoemaker or the church office.  
**Who:** Anyone age 8 and above. Minor must be registered by a parent/guardian adult.  
**When:** Fridays @ 6:00-7:30 p.m. or 7:30-9:00 p.m. (depending on class size and age)  
**Where:** Dixie Lee Baptist Church, Family Life Center  
**Cost:** \$20 per participant\*, which includes all equipment usage and materials. Payment will be due with registration.  
\*\$20 for first child, \$15 for additional siblings (when registered together); maximum \$50 per family

Please complete and return the following registration form. Contact the church office at 865-986-8801 or centershot@dixieleebaptist.org with questions.

### Centershot Ministry Registration Form

Participant Name \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School Grade \_\_\_\_\_  
Right or Left Handed?  Right  Left  
Participated in Centershot before?  Yes  No

**Emergency Contact**

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

**Medical Information**

Allergy (Food, Animal, Stings, Latex, Etc.) —  No  Yes (If yes, explain allergy and treatment.) \_\_\_\_\_

Special Accommodations/Conditions —  No  Yes (If yes, describe conditions.) \_\_\_\_\_

I give permission for the above named person to participate in Centershot Ministries at Dixie Lee Baptist Church. I fully understand that I am giving permission for \_\_\_\_\_ to participate in archery activities that include the use of bow and arrow. I hereby release Dixie Lee Baptist Church, its staff and sponsors, from responsibility and liability for any injury or illness that I or my child may sustain while participating in Centershot Ministries. In the event that I cannot be reached, I authorize the securing of qualified medical treatment should any emergency require it. I also give permission for this child's or my image to be used in any of Dixie Lee Baptist Church publications, promotional materials, website and/or slide shows.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	<input type="checkbox"/> Cash
Payment Received Date: _____	<input type="checkbox"/> Check — Check No: _____
Payment Received By: _____	<input type="checkbox"/> Scholarship