



PRINCE *of* PEACE

Catholic Church & School

Prince of Peace Archery Camp 2025

This year's Prince of Peace Archery Camp is scheduled for the week of July 7, 2025 through July 11, 2025, in the PAC (gym). The camp begins at 9:00 AM until 11:30 AM each day.

The cost of the camp is \$110.00 / child. If a family has multiple children attending, the second and additional children would cost \$100.00 per child.

The camp is open to all rising 4th Grade through rising 8th Grade Prince of Peace students and Prince of Peace Parish students. If your child is a rising 9th Grader, they are welcome to participate in the camp.

Safety is our focus when it comes to shooting arrows. Your children will be expected to listen and understand all our rules. If a child repeatedly violates archery rules, he or she will miss shooting time. If the behavior continues, the student will be asked to leave the club. (You will be notified of repeated behavior)

If your child is interested in the Archery Camp, you can request an electronic copy of the registration form or pick one up from the school office. (Monday through Friday 8:00 AM - 3:00 PM).return the attached forms with your payment to the school office by June 2, 2025. If your child is enrolled with Prince of Peace Catholic School now, you can use FACTS if you choose. Please notify Mrs. Roman, the school accountant, so she is authorized to charge your account. If you are enrolling for the POP 2025 - 2026 school year, you may be able to utilize the FACTS account as well. Please check with Mrs. Roman.If you choose to write a check, make it out to Prince of Peace and note on the memo line"Archery Camp 2025".

We will have a snack break at or around 10:15 AM each day. We will have fruits, quick snacks, water and gatorade. If your child(ren) has an allergy, please list it on the health form. The health for is not a physical form. This form alerts us to any situation that can help us in the event of an accident or allergic reaction. Once the camp is over, I will return the form to you.

We will accept the first 14 campers with a completed/paid registration form.

Once I get your completed registration information, I will send you an email to confirm the email and phone numbers.

As always, God Bless and Saint Sebastian, pray and protect us.

Bobby Moreau
Prince of Peace Catholic School
1209 Brushy Creek Road
Taylors, SC. 29687
kenneth_moreau@hotmail.com

My child, (print) _____, has my permission to participate in the Prince of Peace Archery Camp for the 2025 season.

Parent/Guardian Name: (print): _____

Parent Guardian Signature: _____

Parent/Guardian Email: _____

Emergency Contact phone #: _____

My child is (circle one): Right handed Left handed

My child has his/her own bow (circle one): Yes No





Prince of Peace Catholic School Archery Medical Release Form

Authorization and Consent:

I, the undersigned parent/guardian, authorize Prince of Peace Catholic School and its representatives to seek emergency medical treatment for my child in the event of an accident, injury, or illness that occurs during archery practice or events. I understand that every effort will be made to contact me or my emergency contact in such situations. I also consent to the administration of any necessary first aid or medical treatment.

I acknowledge that my child is physically capable of participating in archery and that all relevant medical conditions have been disclosed. I also agree to provide any additional medical information if needed and to update this form if there are any changes in my child's health status.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if applicable): _____ Date: _____

Student Information:

- Full Name: _____
- Date of Birth: _____
- Grade: _____
- Parent/Guardian Name: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

- Emergency Contact Name: _____
- Relationship to Student: _____
- Phone Number: _____
- Alternate Phone Number: _____

Medical Information:

- Primary Care Physician: _____
- Physician's Phone Number: _____
- Medical Insurance Provider: _____
- : _____
- Known Allergies: _____
- : _____
- Existing Medical Conditions: _____
- Special Considerations or Restrictions: _____