



## Prince of Peace Archery Camp 2026

This year's Prince of Peace Archery Camp is scheduled for the week of July 13th thru July 17th. The time of the camp, each day is, 9:00 am until 11:30 am

The cost of the camp is \$125.00 / child. If a family has multiple children attending, the second and additional child(children), the cost would be \$105.00 per child.

The camp is open to all rising 4th graders through 9th graders currently enrolled in Prince of Peace Catholic School and/or Prince of Peace Parish Home School students.

Safety is our focus when it comes to the equipment and the shooting of arrows. Your child(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 camp.

(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 completed forms with your payment to me or the school office by May 26, 2026. If your child is enrolled at Prince of Peace Catholic School now, you can use FACTS, if you choose. Please notify Mrs. Roman, the school accountant, so she will have authorization to charge your account. If you home school your child, write a check and make it out

to Prince of Peace Catholic School and note, on the memo line, "Archery Camp 2026".

We will have different snacks each day for the children, apples, bananas, watermelon, grapes and others. We also have various snacks like Little Debbie snackcakes, peanut-butter crackers, cookies and water / gatorade.

Please fill out the health form, it is not a physical form. This form makes us aware of allergies or snacks you do not want your child to have. This form alerts us of any situation that can help us in the event of an accident or allergic reaction or any other emergency.

Once I get your completed registration information, I will send an email to confirm your email and phone numbers. We try to limit our camp to 14, this way we can maximize shooting time on the range.

If you have any questions, let me know ASAP.

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](mailto:kenneth_moreau@hotmail.com)  
864/325-3425

My child, (print) \_\_\_\_\_, has my permission to participate in the Prince of Peace Archery Camp for the 2026 season.

Parent/Guardian Name: (print): \_\_\_\_\_

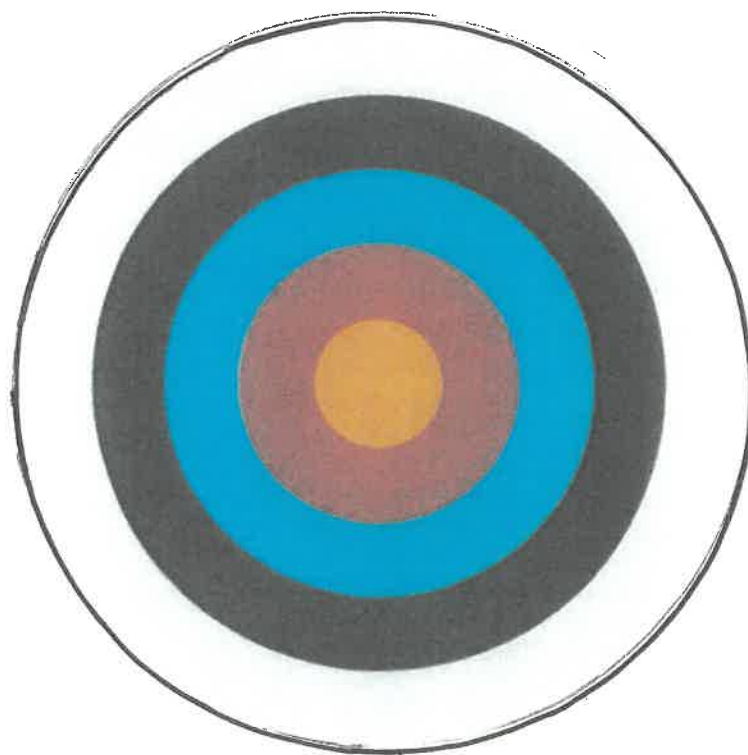
Parent Guardian Signature: \_\_\_\_\_

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



**National Archery** in the **Schools Program**



## 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: \_\_\_\_\_