



Regional Elite Program
 Guest Application Form

Section 1 (Applicant Information):

Applicant Name: _____ Male ____ Female ____

Bow Type: Barebow ____ Compound ____ Recurve ____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail Address: _____

USAA Membership #: _____ USAA Membership Type: _____

USAA Membership Expiration Date: _____

Indicate to which Regional Elite Program Camp you are applying:

- | | | |
|--------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> EAST | <input type="checkbox"/> NORTH | <input type="checkbox"/> SOUTHEAST |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | |

Section 2 (Miscellaneous):

Personal Coach: _____ Coach Phone Number: _____

Club: _____ Coach Email: _____

- Yes, I want USA Archery to invite my personal coach to participate in Program Camps.
- No, I will attend Program Camps without a personal coach.

Section 5 (Acknowledgement):

- I understand I will be responsible for all travel expenses and registration to attend Regional Elite Camps in my region.
- I agree to abide by the USA Archery High Performance Ethos.
- I agree to abide by the Minor Athlete Abuse and Prevention Policy.

I understand Minor Athlete Consent Forms may be required, if applicable, for camp lodging and/or transportation and must be completed prior to attending each camp.

I understand that I must complete the Minor Athlete Safety Plan prior to attending camp. This can be submitted annually.

I understand I must maintain a current USA Archery membership.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Return completed application to highperformance@usarchery.org