

STERLINGTON MIDDLE SCHOOL



"The history of the bow and arrow is the history of mankind."

Fred Bear

What is NASP?

NASP® is an abbreviation for National Archery in the Schools Program and is an activity that doesn't discriminate based on popularity, athletic skill, gender, size, or academic ability. It's a different kind of team sport. It's open to any student. Its biggest supporters are professional educators. Teams come together around one thing: Archery.

The National Archery in the Schools Program is an in-school program aimed at improving educational performance among students in grades 4th – 12th. And through it, students are learning focus, self-control, discipline, patience, and the life lessons required to be successful in the classroom and in life.

Athlete Requirements

Grades- Student archers will maintain a minimum of 2.5 GPA. Missing assignments in classes will be grounds for disciplinary actions.

Discipline- Athletes who receive a major referral will not be allowed to participate in the archery program.

Practices- Practices will be every Monday and Wednesday until 4:30. As we will be practicing outside, practices are weather dependent. In the event of bad weather a decision will be made as quickly as possible to arrange transportation.

Attendance is mandatory for all practices and competitions unless the absence has been cleared by a coach. Athletic clothing is required for all practices along with closed toe shoes. PE uniforms are acceptable. Team shirts and khaki pants are required for all competitions.

Fees

Archery fees will total \$50 per year. This includes a team shirt as well as equipment rental fees.

Medical Forms

Every athlete is required to have a current physical completed and filed with the school before being allowed to participate. Prior to traveling to competitions, every member must have completed and returned a team medical form. The medical form is included on the last page of this packet.

2022-2023 SMS Archery Medical Form

Student: _____ Grade: _____

Cell Phone: _____ Email: _____

Address: _____

Fathers Name: _____

Fathers Cell: _____ Work: _____

Mothers Name: _____

Mothers Cell: _____ Work: _____

Emergency Contact: _____ Relationship: _____

Number: _____

Primary Physician: _____

Number: _____

Medical Conditions: _____

I, _____, authorize my child,
_____, to participate and
travel with the SMS Archery Team. I also authorize my child's image to be used for official school media.

Signature: _____ Date: _____