



Child's Name: _____

All times are 1 hour in duration please choose one for each day. All three days are not required but encouraged, tuition rate does not change if you do not attend all 3 days.

Monday 11:00 am, 3:30 and 4:30
Wednesday 11:00 am, 2:30 and 3:30
Friday 11:00 am, 3:30 and 4:30

Location: Signature Fitness/Orlando Archery
361 E. Michigan St Orlando, FL 32806

Tuition is a monthly reoccurring charge and must be prepaid for the month to secure your child's place in the program. To cancel you must notify Orlando Archery by email or call.

Registration fee \$25
The cost for after school program is \$180 Monthly

Payment options are available via bank draft or Credit Card.

There are no refunds, cancellations, substitutions or credits. If your child is absent for any reason, you will not receive a credit for that day/week. All Orange county school holidays are observed. Registration fee is waived for current clients.

Print Name: _____

Signature of Parent or Guardian: _____

Date: _____



CHILD' S
NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____

PARENT/GUARDIAN
NAME: _____

MAIN PHONE: _____
ALTERNATE PHONE: _____

EMAIL ADRESS: _____

ALTERNATE EMERGENCY
CONACT: _____ RELATIONSHIP _____

MAIN PHONE: _____

Individuals authorized to pick up child (must have valid ID)

Please list any medications, inhalers, allergies, injuries or physical restrictions.

I _____ grant permission for
_____ (child name) to participate in Orlando Archery
Academy activities and allow their image to be used on Signature Fitness and Or-
lando Archery Academy social media and print.

Print Parent/Guardian name: _____

Signature for parent or guardian: _____

Date: _____