



361 E. Michigan St.
Orlando, FL 32806

407-422-6649

Archery & Fitness Summer Camp 2020

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

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

MAIN PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT: _____ 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
Orlando Archery Academy social media and print.

Print Parent/Guardian name: _____

Signature for parent or guardian: _____ Date: _____



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Archery & Fitness Summer Camp 2020

Child's Name: _____

Our camp includes Indoor Archery with all equipment provided, Kids Fitness, Games, Movie and a snack. Please provide a packed lunch each day. Friday lunch is provided "PIZZA DAY" If your child has food allergies please provide lunch everyday. Every camper will need a arm guard and glove for archery. We have them in stock at the range and available for purchase \$25.

Days: Monday through Friday

Camp Start Time 9:00 am

Camp Pick up Time 3:00 pm

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

Tuition is \$240 weekly and must be prepaid for the week to secure your child's place in the program. Discounts are available for siblings. Your child is required to have a arm guard and a finger tab or glove. These items are available for purchase for \$25 or you can provide your own. This year due to COVID19 we are only taking 10 campers per week. We've implemented special procedures as we work to keep our team and you safe.

Camps run weekly June 8th through July 27th

Please circle the weeks you would like to enroll in:

6/8 6/15 6/22 6/29

7/6 7/13 7/20 7/27

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.

Print Name: _____

Signature of Parent or Guardian: _____ Date: _____