



ARCHERY

Archery & Fitness Summer Camp 2021

Located at 361 E. Michigan St Orlando, FL 32806

407-422-6649

Our camp includes indoor archery activities with all equipment provided, kids fitness, games and a snack daily. Please provide a packed lunch each day except Friday “PIZZA DAY”. If your child has food allergies please provide all lunches and snacks. Every camper will need an arm guard and glove/tab for archery. These items are available for purchase in our shop for \$25 or less.

Camp days: Monday—Friday

Start time: 9:00 am - Pick up 3:00pm

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

Tuition: is \$240 weekly and must be prepaid to secure your child’s place in the program.

Discounts: 2nd week is 20% off, siblings are 20% off when attending the same week.

This year due to COVID19 we are only registering 10 campers per week. We’ve implemented special procedures as we work to keep our team and your family safe. Mask are required during Archery but not fitness. Hands must be sanitized/washed throughout the day and all campers must be respectful of each others space. Equipment will be assigned on Monday and your child will continue to use it all week.

Camps run weekly June 7th-July 30th

Please circle enrollment weeks below.

6/7 6/14 6/21 6/28

7/5 7/12 7/19 7/26

There are no refunds, cancellations or credits. If your child is absent for any reason you will not receive a refund or credit for that day or week. IF, we have a open spot we will offer a make up day at our discretion.

Signature of Parent/Guardian: _____

Date: _____



Archery & Fitness Summer Camp 2021

Located at 361 E. Michigan St Orlando, FL 32806

407-422-6649

ARCHERY

Child's name: _____ Age: _____ Gender: _____

Address: _____

Parent/Guardian name: _____

Main Phone: _____ Alternate: _____

Emergency Contact: _____ Number: _____

Email Address for sending camp information: _____

Individuals authorized to pick up child (must have gov't issued ID)

Please list any medications, inhalers, allergies, injuries or physical restrictions we need to be aware of: _____

I _____ grant permission for _____ (child)

To participate in Orlando Archery Academy/Signature Fitness activities and allow their image to be used on Signature Fitness/Orlando Archery social media and print.

Print Parent/Guardian name: _____

Signature Parent/Guardian: _____

Date: _____

* Email registration information to info@orlandoarcheryacademy.com or call kelli Sims 407-422-6649 for questions.



Archery & Fitness Summer Camp 2021

Located at 361 E. Michigan St Orlando, FL 32806

407-422-6649

WAIVER AND RELEASE OF ALL CLAIMS BY CLIENT

I, _____, (the “Client”), hereby agree that I have read and understood the terms of this agreement. I represent that I have advised Signature Fitness/Orlando Archery Academy (by and through its employees or agents) of any medical or physical condition or limitation that should be taken into account before beginning an exercise and/or nutritional program. In exchange for the services to be rendered by Signature Fitness (by and through its employees, agents, apparent agents and independent contractors), I further agree as follows:

1. I am an adult over the age of 18 and wish to participate in an exercise and/or nutritional program rendered by Signature Fitness (including its employees, agents and independent contractors). In addition, I give permission for my children, identified below, to participate in program activities at Signature Fitness:

_____	_____
Child’s Name	Date of Birth

_____	_____
Child’s Name	Date of Birth

_____	_____
Child’s Name	Date of Birth

I understand and expressly agree that Signature Fitness (including its employees, agents, apparent agents, officers, directors, and independent contractors) *shall not be liable* for any injuries or damages to Client or Client’s children (identified in Section 1, above), *or be subject to any claim, demand, injury or damages* whatsoever, including without limitation those damages arising out of acts of passive or active negligence on the part of Signature Fitness (including its employees, officers, directors, agents, apparent agents and independent contractors). ***I agree that by signing this agreement, I expressly and forever release and discharge Signature Fitness*** (and its officers, directors, employees, agents, apparent agents and independent contractors) ***from all such claims, demands, injuries, damages, actions or causes of action.*** I further acknowledge that I have carefully read this paragraph and understand that it is a voluntary waiver and release of liability.

Client Name: _____

Client Signature: _____

Witness Signature: _____

Date: _____