



Reg Date: _____ Class start date: _____ Reg fee: \$60 / \$80 / \$140 / \$224 / \$299 / \$355 Paid in Full _____ Tuition: _____ Check#: _____ Cash: _____ C.C#: _____ Visa / Mc- Exp.date _____ veri-code _____ Basic 1, Basic 2, Basic 3, Basic 4 Unlimited 1, Unlimited 2, Unlimited 3, Unlimited 4 <p style="text-align: center;">Office use only</p>
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REGISTRATION FORM

Students name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/guardian: \_\_\_\_\_ Work phone#: \_\_\_\_\_

Father/guardian: \_\_\_\_\_ Work phone#: \_\_\_\_\_

Medical: (Thoroughly describe any physical, mental, or emotional conditions that may affect you or your child's performance in class.) \_\_\_\_\_

Class Registration:

Session you wish to take: \_\_\_\_\_

Day and time: \_\_\_\_\_

Previous training and comments: \_\_\_\_\_

How did you hear about the school?: \_\_\_\_\_

I have read, understand, and accept all policies of **X-RING ARCHERS – School of Archery**. I agree to pay the \$140.00(single) / \$224.00(2 per family) / \$299.00(3 per family) / \$355.00(4 per family) Initial Beginner Registration fee. I assume all responsibilities for any damages caused by me on **X-RING ARCHERS** premises and do not hold the school of **X-RING ARCHERS** liable for any injuries sustained at said school. I grant **X-RING ARCHERS** the right to use my name and/or picture for promotional purposes. With the signing of this document, I \_\_\_\_\_ (Parent or Guardian) give my permission to let \_\_\_\_\_ (Student's name) participate in **X-RING ARCHERS** Archery program. In order to demonstrate to you or your child proper shooting form, sometimes the instructor may need to touch arms, shoulders, neck, head, hands, feet, hips and back to help place the student in the correct shooting position. **Do you object** to you or your child being touched within these parameters? YES \_\_\_ NO \_\_\_, PLEASE INITIAL.

When signing up for a Basic/Unlimited registration I understand that I am committing to payment of six consecutive months of classes at **X-RING ARCHERS – School of Archery** and that payment for tuition will be debited from my Debit/Credit Card on or about the first of every month while currently enrolled in the school. I also give permission to X-RING ARCHERS/Bach Enterprises LLC to debit my Debit/Credit Card account for this purchase. If the student starts a classes in the 2nd,3rd,4th or 5th week of the month, the First full month will be the start of his/hers 6 month committal of enrollment. A \$10 processing fee will be incurred, each and every time, if the credit/debit card that is kept on file is declined.

Signature (self, parent, or guardian) \_\_\_\_\_ Date \_\_\_\_\_