



Reg Date: _____
 Class start date: _____
 Reg fee: \$75 / \$105 / \$160 / \$269 / \$345 / \$395
 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
 Non 1, Non 2, Non 3, Non 4
 Office use only

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:

Membership type (Choose and Please Intial) :
 Basic 1 __ Basic 2 __ Basic 3 __ Basic4 __
 Unlimited 1 __ Unlimited 2 __ Unlimited 3 __ Unlimited 4__
 Non-Commit 1 __ Non-Commit 2 __ Non-Commit 3 __ Non-Commit 4 __

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 Initial Beginner Registration fee/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 INTIAL.

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 charged, each and every time, if the credit/debit card that is kept on file is declined. A \$50 processing fee will be charged for any charge back of credit cards keep on file.

Signature (self, parent, or guardian) _____ Date _____