

## REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S AGE: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

STUDENT'S PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

THIS INFORMATION IS NEEDED IN CASE THE CLASS GETS CANCELLED DUE TO  
INCLEMENT WEATHER OR ANY OTHER REASON.

PARENT OR GUARDIAN SIGNATURE: -I GIVE MY PERMISSION FOR THE NAMED STUDENT  
TO TAKE THIS ARCHERY COURSE: