

2024 SPRING ARCHERY PROGRAM REGISTRATION

Roger Dahl Rifle Range, 4432 35th Ave SW, Seattle, WA 98126

Complete a separate form for each participant.

The minimum age for class participation is 6 years old.

The information provided will not be shared or used for marketing purposes.

Primary Contact

First Name: _____ Last Name: _____ Relationship to Student: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check box to be added to our email newsletter

Student Information

First Name: _____ Last Name: _____ Gender Expression: _____

Nickname: _____ Current Grade or Adult: _____ Birthdate: _____

These classes are for beginner to intermediate Archers. No prior experience is required. All classes are family friendly and may have both youth and adult participants. Both group and individual instruction will be provided each session.

April Class (4 weeks) Sundays, April 7, 14, 21, and 28th

	Program Fees	Check Box
Session 1: 2pm - 3:15pm	\$150	<input type="checkbox"/>
Session 2: 3:30pm - 4:45pm	\$150	<input type="checkbox"/>

May/June Class (4 weeks) Sundays, May 26, June 2, 16, and 30th

	Program Fees	Check Box
Session 1: 2pm - 3:15pm	\$150	<input type="checkbox"/>
Session 2: 3:30pm - 4:45pm	\$150	<input type="checkbox"/>

Payment: please select which form of payment you will be using, due no later than the first day of class.

- Check, make check payable to: 1UP Recreation
- Cash
- CashApp, \$1UPREC

**FOR YOUTH PARTICIPANTS: Parent/Guardian Authorization**

My child/ward has permission to participate in the Archery program as written above. I will assure that my child is properly prepared for activities including having proper clothing, being in good health and willing and able to participate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of emergency. Parent/Guardians are requested to remain onsite for the duration of the program.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ARCHERY ACTIVITIES WITH 1UP RECREATION AS WRITTEN ABOVE. PARENT/GUARDIAN INITIALS: _____

Print Full Name: _____

Signature: _____ Date: _____