



# Archery



with Mr. David and Mr. Michael

Interested in learning the ancient art of archery? Join Mr. David and Mr. Michael for Archery Club! Both teachers, who are National Archery in Schools (NASP) certified instructors, are excited to share their knowledge of the bow and arrow in what is sure to be a popular club! *Enrollment will be limited to 16 students.*

|               |  |
|---------------|--|
| <b>Who:</b>   | Upper Elementary and Middle School Students              |
| <b>When:</b>  | Tuesdays, November 30th - January 25th<br>3:45 - 4:45 PM |
| <b>Where:</b> | Sports Court   |
| <b>Cost:</b>  | \$70/student for 7 sessions (1 hour/week)                |

**To register for Archery Club please complete the following steps:**

1. Complete the attached registration form and submit the completed form to Wyleen Davis via email ([wdavis@sterlingmontessori.org](mailto:wdavis@sterlingmontessori.org)) or the Main Office.
2. Submit your payment through [MySchoolBucks](#) via Sterling's Website. *(If you need assistance with MySchoolBucks, please contact Denise Kimball, [dkimball@sterlingmontessori.org](mailto:dkimball@sterlingmontessori.org))*

**Have Questions?**

For club questions, please contact Michael Nye ([mnye@sterlingmontessori.org](mailto:mnye@sterlingmontessori.org)) or David Helwig ([dhelwig@sterlingmontessori.org](mailto:dhelwig@sterlingmontessori.org)).

For registration questions, please contact Wyleen Davis, [wdavis@sterlingmontessori.org](mailto:wdavis@sterlingmontessori.org).

# Club Registration Form 2021



|                                |                         |
|--------------------------------|-------------------------|
| <b>Child's Name:</b> _____     | <b>Age:</b> _____       |
| <b>Name of the Club:</b> _____ | <b>Classroom:</b> _____ |

## PARENT/GUARDIAN INFORMATION

|  |              |
|--|--------------|
| <b>Parent/Guardian Name #1:</b> _____                                |              |
| Home/Cell Phone: _____   | Email: _____ |
| <i>Please circle the best number to reach you during camp hours.</i> |              |
| <b>Parent/Guardian Name #2:</b> _____                                |              |
| Home/Cell Phone: _____   | Email: _____ |

## MEDICAL INFORMATION

|   |
|---|
| <b>Health Concerns/Allergies/Medical Needs:</b><br>_____<br>_____   |
| <b>Primary Physician:</b> _____ <b>Phone:</b> _____   |
| <b>Hospital Preference:</b> _____   |
| <i>If your child is taking any medications, including medications used for allergic reactions, please attach their Medical Action Plan to this application.</i> |

## EMERGENCY CONTACTS

|   |              |
|---|--------------|
| Emergency Contact #1: _____   | Phone: _____ |
| <input type="checkbox"/> Emergency Contact #1 can pick up my child. |              |
| Emergency Contact #2: _____   | Phone: _____ |
| <input type="checkbox"/> Emergency Contact #2 can pick up my child. |              |

**CLUB WITHDRAWAL & REFUND POLICY**

All withdrawal requests must be made via email to Wyleen Davis, [wdavis@sterlingmontessori.org](mailto:wdavis@sterlingmontessori.org).

Withdrawals requested prior to the start of the club will receive a full refund minus MSB fees.

Withdrawal requests made prior to the fourth week of the club will receive a refund minus the weeks already attended and MSB fees.

Requests made after the fourth week will not receive a refund.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only**

*MSB Payment Amount:* \_\_\_\_\_                      *Date:* \_\_\_\_\_

*Registrar's Signature:* \_\_\_\_\_