



2020 SAAM JOAD Indoor Virtual Tournament

Name: _____ Male ___ Female ___ Date of Birth: ___/___/___
 Address: _____ City: _____ State: ___ Zip Code: _____
 Phone: (____) _____ Email: _____
 JOAD Club: _____ USA Archery Member #: _____ Exp. Date: ___/___/___

Membership in USA Archery is required.

Divisions:

- ____ Olympic Bow (Recurve)
- ____ Compound (Any Sight, Any Release) ¹
- ____ Barebow
- ____ Basic Compound (Bowman, Cub only) ²

Target Choice: 40 cm / 10-ring 60 cm
 Vertical 3-Spot

Classes:

- ____ Junior (up to age 20 ³)
- ____ Cadet (up to age 17 ³)
- ____ Cub (up to age 14 ³)
- ____ Bowman (up to age 12 ³)
- ____ Yeoman (up to age 8 ³)

1. Compound bows have a maximum draw weight of 60 lbs.
2. Genesis bow, no sight, no stabilizer, fingers only, maximum draw weight of 20 lbs.
3. Throughout the whole calendar year in which the birthday occurs.

Consent and Waiver:

Please Read Carefully Before Signing

In consideration of my involvement in the 2020 SAAM JOAD Indoor Virtual Tournament, I acknowledge and agree to the following:

- 1) I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to personal property.
- 2) I knowingly and freely assume all risk, and I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, agree to hold harmless and promise not to bring litigation against: USA Archery, the State Archery Association of Massachusetts (SAAM), this local club, their officers, directors, facilitators, coaches, agents, members, employees, and/or volunteers, and other participants, with respect to any and all injury, paralysis, dismemberment, and/or loss or damage to personal property from this date forward to the end of time, except that which is resultant from gross negligence and/or willful or wanton misconduct.

HEREBY AGREED:

PARTICIPANT SIGNATURE: _____ DATE: ___/___/___

PARTICIPANT NAME (PRINT): _____

**** FOR ATHLETES OF MINORITY AGE (Under 18 years of age at time of participation) ****

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

PARENT/GUARDIAN NAME (PRINT): _____

REGISTRATION REQUIRED

Registration form must be submitted to:

S.A.A.M.

136 W Spruce St., Milford, MA 01757-2419

Incomplete forms will not be accepted. This application form may be duplicated.

USA ARCHERY DRESS CODE RULES WILL BE ENFORCED AT THE TOURNAMENT.



Go shoot!