



## 2019 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*All competitors must be member of USA Archery.*

**Divisions:**

- \_\_\_\_ Olympic Bow (Recurve)
  - \_\_\_\_ Compound (Any Sight, Any Release) <sup>1</sup>
  - \_\_\_\_ Barebow
  - \_\_\_\_ Basic Compound (Bowman, Cub only) <sup>2</sup>
- Target Choice:**  40 cm / 10-ring     60 cm  
 Vertical 3-Spot

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

**Classes:**

- \_\_\_\_ Junior (up to age 20 <sup>3</sup>)
- \_\_\_\_ Cadet (up to age 17 <sup>3</sup>)
- \_\_\_\_ Cub (up to age 14 <sup>3</sup>)
- \_\_\_\_ Bowman (up to age 12 <sup>3</sup>)
- \_\_\_\_ Yeoman (up to age 8 <sup>3</sup>)

**Consent and Waiver:*****Please Read Carefully Before Signing***

In consideration of my involvement in the 2019 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 21 years of age at time of participation*)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

**REGISTRATION REQUIRED**

Registration form must be submitted to:

**SAAM**

**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.**

