

2019 Summer Fling

A fun archery tournament for kids!

Hosted by the Pioneer JOAD Archery Club

Sunday, July 28th, 2019

Cost: \$25.00 includes entry fee and BBQ lunch

Name: _____ Male: _____ Female: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please choose one shooting time:- 10:00am (15m ~ Ages 8 - 12) _____ or 1:00pm (30m ~ Ages 13 – 18) _____

<p>Equipment Classes (Please check one)</p> <p><input type="checkbox"/> Olympic Recurve Bow (Sighted)</p> <p><input type="checkbox"/> Compound (Any sight/release, 60# max)</p> <p><input type="checkbox"/> Barebow (Recurve or Genesis, no sights or stabilizers)</p>	<p>Age Divisions (Age as of tournament date)</p> <p><input type="checkbox"/> 10 & Under <input type="checkbox"/> 12 & Under</p> <p><input type="checkbox"/> 15 & Under <input type="checkbox"/> 18 & Under</p> <p style="text-align: center;">You may choose to shoot in an older age division. Awards will be given in each age division.</p>
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<p>Lunch Choices (Please check one) All lunches will include a drink and packet of chips</p>		
<p><input type="checkbox"/> Hamburger/Cheeseburger</p>	<p><input type="checkbox"/> Hot Dog</p>	<p><input type="checkbox"/> Veggie Burger</p>

All Barebow and Recurve archers will use a 122cm target face. All Compound archers will use an 80cm/6ring target face.

Consent and Waiver Form

Please Read Carefully Before Signing:

In consideration of my involvement in the 2019 Summer Fling, 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, assign, and next of kin, hereby release, agree to hold harmless and promise not to sue USA Archery, the Pioneer Sportsmen Club, or the Pioneer JOAD/AAAP Club, their officers, directors, facilitators, coaches, agents, and/or employees, and other participants, with respect to any and all injury, 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:
 PARTICIPANTS' SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN NAME (PRINT): _____

REGISTRATIONS are due no later than the 22nd of July, 2019

Please make all checks payable to Pioneer JOAD.
 Send all applications to: Christy Schackart, 6 Shenandoah Ave, Londonderry, NH, 03053
 Direct all questions to Christy Schackart at Christy@pioneerjoad.org