



Riverside Archers

Cordially invites you to join us for the

SAAM INDOOR JOAD and Star FITA COMPETITION

On December 5, 6, and 7, 2014



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

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ USAA or Temporary NFAA ID #: _____ Exp Date: ____/____/____

E-mail Address: _____ Club _____ State: _____

Shooting Times - **Please indicate 1st and 2nd choice with: 1 and 2**

December 5: 6:00pm ____ **December 6:** 10:00am ____ 1:30pm ____ 5:00pm ____ **December 7:** 10:00am ____ 1:30pm ____

Classes (Please check one)

- FITA Olympic Bow (Recurve)
- FITA Compound (Any Sight/Release, 60# Maximum)
- Barebow (Recurve, no sights or stabilizers, any FITA legal arrows)

Divisions (Please check one)

- Yeoman (9 meters) (through year of your 9th BD)
- Bowman (through year of your 12th BD)
- Cub (through year of your 14th BD)
- Cadet (through year of your 17th BD)
- Junior (through year of your 20th BD)
- Senior
- Masters 50 (age 50+)
- Masters 60 (age 60+)
- Masters 70 (age 70+)

Target Faces (Please check one)

- Cub, Bowman, and Yeoman Recurve shooters will use 60 cm target face.**
- All other participants will use their choice of 40 cm target face.**
- 40 cm Target Choice:** 1-Spot 3-Spot

Consent & Waiver Form

Please Read Carefully Before Signing

In consideration of my involvement in the SAAM Indoor JOAD and FITA Star Competition

I acknowledge and agree to the following:

1. I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risk and
3. I, for myself and on behalf of heirs and next of kin, hereby release, hold harmless and promise not to sue USA Archery, the host of this tournament, their officers, directors, coaches, agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage to personal property, from this date forward to the end of time, except that which is resultant to gross negligence and willful or wanton misconduct.

Hereby Agreed:

Participants Signature _____ Date ____/____/____

For Athletes under 18 years of age at time of event:

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Name (Print) _____

Adult / Youth Fee: \$28.00

Registration must be received NO LATER THAN Monday December 1, 2014.

Fee and USAA or NFAA Temp ID # must accompany registration to secure a spot.

Any questions may be directed to: **Larry Sullivan (978) 875-2338 or naacoach4@msn.com**

Make checks payable to: **Riverside Gun Club**, and remit to: **Larry Sullivan, 43 Old Bolton Rd., Hudson, MA 01749**

NOTE: COMPETITION WILL BE HELD AT RIVERSIDE GUN CLUB, 16 Wilkins St, Hudson, MA 01749

Incomplete forms will not be accepted. **NO PHONE OR INTERNET APPLICATIONS ACCEPTED**

This Tournament is **APPROVED** for Massachusetts State (SAAM) Ranking Purposes

USAA DRESS CODE (NO CAMO) ENFORCED AT THE TOURNAMENT

Please visit <http://riversidegc.org/Archery.shtml> after 11/13/14 for additional information before and results after the tournament.