

## ATLANTIC ARCHERS - SHOOTER REGISTRATION FORM

SCORE CARD#: \_\_\_\_\_ CLASS: \_\_\_\_\_ SCORE: \_\_\_\_\_

(PLEASE PRINT NAME AND ADDRESS CLEARLY)

Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Circle All Items That Apply To You and The Equipment You Are Using Today:

<b>Sex:</b>	Male	Female		
<b>Bow:</b>	Compound	Recurve	Longbow	
<b>Arrows:</b>	Aluminum	Alum/Carbon	Carbon	Wood
<b>Sights:</b>	Fixed Pins	Movable Pin	Scope	None
	PeeWee	Cub	Youth	16 & Older

### **PLEASE READ:**

In exchange for the privilege of participating in the Atlantic Archers Bowhunters club activities, I agree to waive any legal claim on individual members, the owners of the property, the Atlantic Archers Bowhunters and those associated with club activities, if I am injured while residing and/or participating in the Atlantic Archers Bowhunters club events or activities and/or traveling to or from club activities.

By signing this release, I swear that I am in good physical condition and that I am unaware of any injury or disease that would result in my being injured during participation in any club activity. If I am younger than 18 years of age or a minor under the laws of the state in which I live, my parent or guardian must sign this waiver for me.

Shooter Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

### **SHOOTERS DO NOT WRITE BELOW THIS LINE**

Class: MBO MBR MBF TDR WOM Y CUB