

Washington 4-H Shooting Sports 2009 Northwest District Archery Finals

Saturday, March 21, 2009 Registration and Equipment Check - 7:00 to 8:30 am
Chuck Wagon Breakfast – 7:30 to 8:45 am Opening Ceremony starts at 9:00 a.m.
Skookum Archery Range – Puyallup, WA

For Game details, rules and participation requirements see – 2009 Northwest District Archery Finals

Entry Fee: \$20.00 per entry (Archer may enter one category only)

REGISTRATION FORM

Name: _____ Circle One Jr. Int. Sr.

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Email address: _____ Age: ____ Grade in School: ____

Home Phone: _____ Work Phone of Parent: _____

Archer has completed 8 Hours (min) of training from 4-H Club _____

See 2009 Northwest District Finals doc. For bow style descriptions

	Recurve - Barebow or Longbow		Compound – Finger Release
	Recurve – Olympic		Compound - Freestyle

“The Chuck Wagon” Hot Meals – No limit to Qty.			
	Price Each	QTY	Total Each
Breakfast Only	\$4.00		
Lunch Only	\$6.00		
Combo Deal	\$9.00		
Sub Total			
Enclosed Entry Fee			
Late Fee: \$5.00			
Total amount enclosed			

Cash or Money Orders only – Personal Checks will not be accepted

Registrations with **Late Fee** will be collected during morning sign in on day of event

Entries must be paid and received before Saturday March 14, 2009

Send registration and payment to:

Will Zeober
 793 Mountain View Ave.
 Buckley, WA 98321

Special Needs at event:

Media Recording /Usage Release

2009 Northwest District Archery Finals
Club Leaders and Hosts: Will Zeober – Blackhawk Archers
Forum: Skookum Archery – Puyallup, WA

I hereby give my consent for the image and likeness of (PRINT participant's name)

1. _____
2. _____
3. _____

To be videotaped, audio taped, or photographed for the following uses:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize the State 4-H Shooting Sports / Blackhawk Archers 4-H Club and their component parts to use this electronic media and /or photographs in any manner-whole or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions there of for the production of educational, instructional, promotional, or advancement materials which support the educational programs of the State 4-H Shooting Sports Committee Blackhawk Archers 4-H Club.

I hereby waive any right I may have to inspect or approve any use of this electronic media and /or photographs and I release the State 4-H Shooting Sports Committee / Blackhawk Archers 4-H Club and it component parts from all liability which could result from its use.

Address: _____

Telephone Number: _____

Member's Signature _____

Member's Signature _____

Member's Signature _____

Parent/Guardian's Name (print) _____

Parent/Guardian's signature _____

(Required)

4-H Youth Development Consent and Release Form

Participant (please print):

Last Name _____

First Name _____

First Name _____

First Name _____

Telephone Number (____) ____ - ____ Email _____

Address _____ City _____ State ____ Zip _____

Activity is the Washington State, Northwest District 4-H Shooting Sports Archery Finals.

Date: March, 21, 2009

I _____ (parent or guardian) hereby confirm that my child or child under my care is the above named person. I confirm that he/she plan to attend the above activity. I hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may accrue against Washington State University, Washington State University Extension 4-H Youth Development Program, WSU Extension in Kitsap County, Kitsap County Fairgrounds, National 4-H Shooting Sports Foundation, their representative agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored events. In case of emergency, I understand that every effort will be made to contact my emergency contact person. In the event the contact person cannot be reached, I hereby give permission to the physician selected by the event leader to hospitalize and secure proper treatment (including surgery) for above person. I have read, understood, and agree to the above statement and do sign this agreement of my own free will.

Parent/Guardian Name (print): _____

Signature: _____

Name of emergency contact person (please print):

Relationship: _____

Emergency Day Phone: (____) ____ - ____

Emergency Night Phone: (____) ____ - ____

4-H Youth Development Participant Health Form

(Please check appropriate boxes)
One participant per form

Participant (please print):

Last Name _____ First Name _____

Do you have any complaints or illness at this time? Yes No
If yes, please explain.

Are you taking medications? Yes No
If yes, what and in what dosage?

Are you on a special diet? Yes No
If yes, please explain.

Do you have any of the following?

Diabetes? Are you taking insulin? What type and dosage?

Asthma? Do you carry an inhaler?

Allergy? To what?

Last tetanus shot? (Month and Year)

Other conditions or comments:

Physician's name and phone number:

Health Insurance Carrier and Group/Policy Number: