

2010 Washington State 4H Archery Championship – Registration

Hosted by: Blackhawk Archers – Pierce County Washington

Date: April 24, 2010 Skookum Archers 11209 Shaw Road East Puyallup, WA 98374	<ul style="list-style-type: none"> • Registration and Warm-Up Range: 7:00 to 8:00 AM • Opening Ceremony: 8:15 AM • Target Assignments/Safety Meetings: 8:30 AM • Tournaments begin following target assignment
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Divisions: Recurve and Compound (*Special recognition will be awarded to Recurve and Compound Limited*)

Requirements:

- By registering you agree that you have read and understand the rules and synopsis and failure to follow safety procedures is grounds for removal from the games.
- The archer must have a Registration form signed by the archer’s certified instructor showing that a minimum of 8 hours of instruction has been completed.
- Archery clubs shall provide one adult for each 3 participants to help with target captain and tournament duties.

Certified Instructors Signature: _____ *Date:* _____

Entry Fee - Individual: \$20.00 per entry

Family Maximum: \$45 (3 or more archers from a single family)

Late fee: additional \$5.00 per entry.

Awards: 4H Shooting Sports Medals will be awarded to First, Second, Third and Runner Up.

Special Recognition: Certificates will be awarded to individuals in the Recurve and Compound Limited Class

Synopsis: See the 2010 WSAC synopsis v2 document

Rules: See the WSAC Rules document

Registration deadline: *Registration and fees must be received no later than 4/14/2010*

Make checks payable to: Blackhawk Archers

Mail address: Blackhawk Archers c/o 2010 WSAC

793 Mountain View Avenue Buckley, WA 98321

Contact: Will Zeober willzeober@yahoo.com Phone: 360.829.7362

Name:	Check age division	Junior	Intermediate	Senior
Check Equipment Type				
Compound	Address:			
Compound Limited	City:		Zip:	
Recurve	Contact Phone:			
Recurve Limited	Contact E-Mail:			
Name:	Check age division	Junior	Intermediate	Senior
Check Equipment Type				
Compound	Address:			
Compound Limited	City:		Zip:	
Recurve	Contact Phone:			
Recurve Limited	Contact E-Mail:			
Name:	Check age division	Junior	Intermediate	Senior
Check Equipment Type				
Compound	Address:			
Compound Limited	City:		Zip:	
Recurve	Contact Phone:			
Recurve Limited	Contact E-Mail:			

Total Amount Enclosed: \$ _____

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Media Recording /Usage Release

2010 Washington State Archery Championship (WSAC)

Host and Manager: 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 thereof for the production of educational, instructional, promotional, or advancement materials which support the educational programs of the State 4-H Shooting Sports Committee and 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: _____ City: _____ WA Zip: _____

Telephone Number: _____

Member's Signature (1) _____

Member's Signature (2) _____

Member's Signature (3) _____

Parent/Guardian's Name (print) _____

Parent/Guardian's signature _____

(Required)

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4-H Youth Development Consent and Release Form

Participant (please print):

Last Name _____

First Name (1) _____

First Name (2) _____

First Name (3) _____

Telephone Number (____) ____ - ____ Email _____

Address _____ City _____ State ____ Zip _____

Activity is the 2010 4-H Shooting Sports Washington State Archery Championship (WSAC)

Date: April 24, 2010

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, 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 understand, 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: (____) ____ - _____

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4-H Youth Development Participant Health Form

(Please check appropriate boxes)

One participant per form

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? Yes No

Are you taking insulin? Yes No

What type and dosage?

Asthma? Yes No

Do you carry an inhaler?

Allergy? Yes No

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: