

42ND ANNUAL PSAA INDOOR INDIVIDUAL/ 58TH TEAM CHAMPIONSHIP
STATE FARM SHOW COMPLEX – 2300 N. CAMERON ST., HARRISBURG, PA 17110
SATURDAY, APRIL 4 AND SUNDAY APRIL 5, 2020 REGISTRATION FORM
 Late fees required for all letters postmarked after March 17, 2020.

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____ REGION _____

Carefully circle ALL of the following that pertains: Male Female **Classification: AA A B**

Adult Intermediate(15-17) Junior(12-14) Cadet(9-11) Pre-Cadet(≤8) Senior(52-61) Senior-Plus(62-71) Senior-XPlus(72+) Crossbow
 Trad. Recurve Trad. Longbow Barebow(BB) BowhunterBB FITABB Unlimited(UNL-Release Aid)
 Freestyle(FS-Fingers) BowhunterFS(Fingers) FITAFS(Fingers) BowhunterUNL(Release Aid)

Please read and follow directions carefully. **Circle 1 Shooting Time ONLY!**

This shooting time is for **BOTH** Saturday **AND** Sunday. 8:00 AM 12:00 PM

Circle Proper Fees **Registration Fees** **Late Registration** **Make Checks payable to PSAA**

Adult / Seniors (62+)	\$35.00	\$45.00	mail to: Julia C. Mentzer-Yarlett Executive Secretary P.O. Box 776 New Kingstown, PA 17072 Phone/Fax: 717-691-1242 TOLL FREE 1-866-328-7722
Youth Age _____ (As of Jan. 1)	\$25.00	\$30.00	
Husband & Wife Team(1 combined fee)	\$15.00	\$20.00	
Amount Enclosed \$ _____	Please make certain your Membership Dues have been paid. You may choose to include fee on this check along with the completed form.		

* If you would like to shoot with a certain club or group please list it here
 There are no guarantees, but we will try to accommodate to the best of our ability.

ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER ATTACHED TO THIS APPLICATION

In consideration of me (or my Minor) being allowed to participate in any way in any ("Activity") with The Pennsylvania State Archery Association, I agree:

- I understand the nature of The Pennsylvania State Archery Association activities and acknowledge my (the Minor's) experience and capabilities and believe I am (the Minor is) qualified to participate in such Activity. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe; I will (instruct the Minor to) immediately discontinue further participation in the Activity.
- I fully understand that: (a) The Pennsylvania State Archery Association activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my (the Minor's) own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the negligence of the "Releasees" named below; (C) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my (or the Minor's) participation in the Activity.
- I hereby release, discharge, covenant not to sue, and agree to hold harmless The Pennsylvania State Archery Association, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my (or the Minor's) account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, (the Minor) or anyone on my behalf (or the Minor's behalf) makes a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

I have read this agreement, fully understand and it's terms, understand that I have give up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

_____ Printed Name of Participant	_____ Signature of Participant	_____ Date
_____ Printed Name of Parent or Legal Guardian (If participant is under 18)	_____ Signature of Parent or Legal Guardian (If participant is under 18)	_____ Date

**16TH ANNUAL PSAA DICK GOSS STATE TARGET MEMORIAL CHAMPIONSHIP
 NEW KINGSTOWN FIRE COMPANY - 277 N. LOCUST POINT ROAD, NEW KINGSTOWN, PA 17072
 SATURDAY, JUNE 27 AND SUNDAY JUNE 28, 2020 REGISTRATION FORM**

Late fees required for all letters postmarked after June 9, 2020

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____ REGION _____

Carefully circle ALL of the following that pertains: Male Female **Classification: AA A B**
 Adult Intermediate(15-17) Junior(12-14) Cadet(9-11) Pre-Cadet(≤8) Senior(52-61) Senior-Plus(62-71) Senior-XPlus(72+) Crossbow
 Trad. Recurve Trad. Longbow Barebow(BB) BowhunterBB FITABB Unlimited(UNL-Release Aid)
 Freestyle(FS-Fingers) BowhunterFS(Fingers) FITAFS(Fingers) BowhunterUNL(Release Aid)

<u>Circle Proper Fees</u>	<u>Registration Fees</u>	<u>Late Registration</u>	<u>Make Checks payable to PSAA</u>
Adult / Seniors (62+)	\$30.00	\$40.00	mail to: Julia C. Mentzer-Yarlett
Youth Age _____ (As of Jan. 1)	\$20.00	\$25.00	Executive Secretary
Husband & Wife Team(1 combined fee)	\$15.00	\$20.00	P.O. Box 776
Amount Enclosed \$ _____	Please make certain your Membership Dues have been paid. You may choose to include fee on this check along with the completed form.		New Kingstown, PA 17072
			Phone/Fax: 717-691-1242
			TOLL FREE 1-866-328-7722

ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER ATTACHED TO THIS APPLICATION

In consideration of me (or my Minor) being allowed to participate in any way in any ("Activity") with The Pennsylvania State Archery Association, I agree:

- I understand the nature of The Pennsylvania State Archery Association activities and acknowledge my (the Minor's) experience and capabilities and believe I am (the Minor is) qualified to participate in such Activity. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe; I will (instruct the Minor to) immediately discontinue further participation in the Activity.
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- I hereby release, discharge, covenant not to sue, and agree to hold harmless The Pennsylvania State Archery Association, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my (or the Minor's) account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, (the Minor) or anyone on my behalf (or the Minor's behalf) makes a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

I have read this agreement, fully understand and it's terms, understand that I have give up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

_____ Printed Name of Participant	_____ Signature of Participant	_____ Date
_____ Printed Name of Parent or Legal Guardian (If participant is under 18)	_____ Signature of Parent or Legal Guardian (If participant is under 18)	_____ Date

**74TH ANNUAL PSAA STATE FIELD/HUNTER CHAMPIONSHIP
MECHANICSBURG SPORTSMEN'S ASSOCIATION – 493 SAMPLE BRIDGE ROAD, ENOLA, PA 17025
SATURDAY, JULY 18 AND SUNDAY JULY 19, 2020 REGISTRATION FORM**

Late fees required for all letters postmarked after July 7, 2020.

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____ REGION _____

Carefully circle ALL of the following that pertains: Male Female **Classification: AA A B**
 Adult Intermediate(15-17) Junior(12-14) Cadet(9-11) Pre-Cadet(≤8) Senior(52-61) Senior-Plus(62-71) Senior-XPlus(72+) Crossbow
 Trad. Recurve Trad. Longbow Barebow(BB) BowhunterBB FITABB Unlimited(UNL-Release Aid)
 Freestyle(FS-Fingers) BowhunterFS(Fingers) FITAFS(Fingers) BowhunterUNL(Release Aid)

<u>Circle Proper Fees</u>	<u>Registration Fees</u>	<u>Late Registration</u>	<u>Make Checks payable to PSAA</u>
Adult / Seniors (62+)	\$30.00	\$40.00	mail to: Julia C. Mentzer-Yarlett Executive Secretary P.O. Box 776 New Kingstown, PA 17072 Phone/Fax: 717-691-1242 TOLL FREE 1-866-328-7722
Youth Age _____ (As of Jan. 1)	\$20.00	\$25.00	
Husband & Wife Team(1 combined fee)	\$15.00	\$20.00	
Amount Enclosed \$ _____	Please make certain your Membership Dues have been paid. You may choose to include fee on this check along with the completed form.		

ALL PARTICIPANTS MUST SIGN THE LIABILITY WAIVER ATTACHED TO THIS APPLICATION

In consideration of me (or my Minor) being allowed to participate in any way in any ("Activity") with The Pennsylvania State Archery Association, I agree:

1. I understand the nature of The Pennsylvania State Archery Association activities and acknowledge my (the Minor's) experience and capabilities and believe I am (the Minor is) qualified to participate in such Activity. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe; I will (instruct the Minor to) immediately discontinue further participation in the Activity.

2. I fully understand that: (a) The Pennsylvania State Archery Association activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my (the Minor's) own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the negligence of the "Releasees" named below; (C) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my (or the Minor's) participation in the Activity.

3. I hereby release, discharge, covenant not to sue, and agree to hold harmless The Pennsylvania State Archery Association, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my (or the Minor's) account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, (the Minor) or anyone on my behalf (or the Minor's behalf) makes a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

I have read this agreement, fully understand and it's terms, understand that I have give up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

_____ Printed Name of Participant	_____ Signature of Participant	_____ Date
_____ Printed Name of Parent or Legal Guardian (If participant is under 18)	_____ Signature of Parent or Legal Guardian (If participant is under 18)	_____ Date

38TH ANNUAL PSAA STATE BOWHUNTER/ANIMAL CHAMPIONSHIP

**PLEASE NOTE THE ROUND CHANGES AS OUTLINED - It was voted to do a 2-year trial period (2020 & 2021) with the following format: 2 arrows only, both shot from the farthest distance. Scored 10 points each for the vital, 6 points each for inside the body line (total possible 20 points.) Sticker (dot) placed randomly along the vital line at the host club's discretion.

MECHANICSBURG SPORTSMEN'S ASSOCIATION – 493 SAMPLE BRIDGE ROAD, ENOLA, PA 17025
SATURDAY, AUGUST 15 AND SUNDAY AUGUST 16, 2020 REGISTRATION FORM

Late fees required for all letters postmarked after August 4, 2020

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____ REGION _____

Carefully circle ALL of the following that pertains: Male Female Classification: AA A B

Adult Intermediate(15-17) Junior(12-14) Cadet(9-11) Pre-Cadet(<=8) Senior(52-61) Senior-Plus(62-71) Senior-XPlus(72+) Crossbow

Trad. Recurve Trad. Longbow Barebow(BB) BowhunterBB FITABB Unlimited(UNL-Release Aid)

Freestyle(FS-Fingers) BowhunterFS(Fingers) FITAFS(Fingers) BowhunterUNL(Release Aid)

Circle Proper Fees

Registration Fees

Late Registration

Make Checks payable to PSAA

Adult / Seniors (62+)

\$30.00

\$40.00

mail to: Julia C. Mentzer-Yarlett

Youth Age _____ (As of Jan. 1)

\$20.00

\$25.00

Executive Secretary

Husband & Wife Team(1 combined fee)

\$15.00

\$20.00

P.O. Box 776

Amount Enclosed \$ _____

Please make certain your Membership Dues have been paid. You may choose to include fee on this check along with the completed form.

New Kingstown, PA 17072

Phone/Fax: 717-691-1242

TOLL FREE 1-866-328-7722

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Printed Name of Participant

Signature of Participant

Date

Printed Name of Parent or Legal Guardian (If participant is under 18)

Signature of Parent or Legal Guardian (If participant is under 18)

Date