



45th U.S. National Indoor Championships
AND
2014 JOAD National Indoor Championships
Tulare, CA - Registration Forms

JOAD Date	Mar 7, 2014. Shooting times: 4:00 pm
National Indoor Dates	Mar 8-9, 2014. Shooting times: Sat/Sun – 8:00 am & 1:30 pm
Website	www.usarchery.org
Tournament Director	Charla Patterson
Contact Phone	559-967-1079
Contact Email	bowand arrows10@yahoo.com
JOAD Fees	\$35.00
Late Fees	Additional \$25 if postmarked after FEB 17, 2014
National Indoor Fees	\$75.00
Late Fees	Additional \$50 if postmarked after FEB 17, 2014
Cancellations	Cancellations received on or before FEB 27, 2014 are subject to a 30% fee. Cancellations received on or after FEB 28, 2014 are non-refundable.
Deadline	Must be RECEIVED on or before February 28, 2014.
Make Checks Payable to	Tulare Target Archers
Mailing address	239 S. Moraine, Tulare, CA 93274
Venue	Tulare County Fairgrounds
Address	215 Martin Luther King Jr. Blvd., Tulare, CA 93274
Necessary directions?	From Hotels travel south on Blackstone to Martin Luther King Jr Blvd turn right parking will be at the end of the street.
Airport information	Fresno International – 45 miles from venue.
Practice area available?	No
Concessions on-site?	Yes
Host Hotel	LaQuinta
Rate	\$76.00 / night
Address	1500 N. Cherry St., Tulare, CA 93274
Phone Number	559-685-8900
Promo code/phrase	Archery
Host Hotel	Hampton Inn
Rate	\$79.00 / night
Address	1100 N. Cherry St., Tulare, CA 93274
Phone Number	559-686-8700
Promo code/phrase	Archery
Host Hotel	Charter Inn
Rate	\$70.00 / night
Address	1016 E. Prosperity; Tulare, CA 93274
Phone Number	559-685-9500
Promo code/phrase	Archery

For additional information visit www.usarchery.org

Last modified 12/17/13



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2014 JOAD National Indoor Registration Form

Please return one completed entry form per archer (photocopies are acceptable)

Fees: \$35, to the address noted on page 1 of this document.

Late Fee: Additional \$25 if postmarked after Feb. 17, 2014

Mail to the address noted on page 1 of this document

Payment must accompany each entry.

Cancellations received on or before Feb. 27, 2014 can receive a refund of registration fee less 30%.

Complete this form electronically, then print and mail to address on last page.

Name:					
Address:					
City:					
State:		Zip:		Country:	
Country of Citizenship:		Birthdate:			
Phone #:					
Email:					
Member of USA Archery:	Y / N	Exp:		Member ID #:	
Name of JOAD Club:					

OFFICIAL CATEGORIES: Please check one in each row

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Division:	<input type="checkbox"/> Bowman	<input type="checkbox"/> Cub	<input type="checkbox"/> Cadet	<input type="checkbox"/> Junior
Class:	<input type="checkbox"/> Recurve		<input type="checkbox"/> Compound	
All JOAD archers will shoot at 4:00 pm; 3/7				

Emergency Contact Information:

Name: _____

Phone Number: _____

Relation to Athlete: _____



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45th U.S. National Indoor Championships Registration Form

Please return one completed entry form per archer (photocopies are acceptable)

Fees: \$75, to the address noted on page 1 of this document. Family cap: \$250.00

Late Fee: Additional \$50 if postmarked after Feb. 17, 2014

Mail to the address noted on page 1 of this document

Payment must accompany each entry.

Cancellations received on or before Feb. 27, 2014 can receive a refund of registration fee less 30%.

Complete this form electronically, then print and mail to address on last page.

Name:					
Address:					
City:					
State:		Zip:		Country:	
Country of Citizenship:			Birthdate:		
Phone #:					
Email:					
Member of USA Archery:	Y / N	Exp:	Member ID #:		
NFAA Members:	Please purchase a Temporary USA Archery membership online prior to this event (Temporary Membership Fee waived for current NFAA members). See event Format and Rules, or visit usarchery.org for more information.				

OFFICIAL CATEGORIES: Please check one of each category (where applicable).

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	*Youth age divisions may only register in the Recurve and Compound Classes.	
Guest: (non U.S. Citizen)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Class:	<input type="checkbox"/> Bowman *	<input type="checkbox"/> Cub *	<input type="checkbox"/> Cadet *	<input type="checkbox"/> Junior *
	<input type="checkbox"/> Senior	<input type="checkbox"/> Masters 50+	<input type="checkbox"/> Masters 60+	<input type="checkbox"/> Masters 70+
Division:	<input type="checkbox"/> Recurve	<input type="checkbox"/> Compound	<input type="checkbox"/> Compound Fingers (masters only)	<input type="checkbox"/> Barebow (seniors only)
	<input type="checkbox"/> Traditional Longbow (seniors only)	<input type="checkbox"/> Modern Longbow (seniors only)	<input type="checkbox"/> Traditional Recurve (seniors only)	<input type="checkbox"/> Crossbow (seniors only)
PARA Class:	<input type="checkbox"/> W1 Compound	<input type="checkbox"/> W2 Recurve	<input type="checkbox"/> Standing Recurve	<input type="checkbox"/> Open Compound
Shooting Time Preference:	Please list as 1 st , 2 nd or 3 rd in order of preference	Sat/Sun; 8:00 am -	Sat/Sun; 1:30 pm -	XXXXXXXX
Target Face Choice:	Must use same face each day	<input type="checkbox"/> Single spot	<input type="checkbox"/> Triangle 3-spot	

Additional Para Class Information: I remain on the shooting line: YES NO

Emergency Contact Information:

Name: _____ **Phone Number:** _____

Relation to Athlete: _____

For additional information visit www.usarchery.org

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PHOTO RELEASE

Photographs and videos are routinely taken at events. I release the use of my image for the purposes of recording the tournament events and promoting archery. With my signature below, I agree that images of me that are taken at this event may be used without compensation or additional permission.

CODE OF CONDUCT

By signing this release, I agree to be bound by the USA Archery Athlete Code of Conduct, and understand that my participation in this and other USA Archery event(s) is contingent upon my adherence to the Athlete Code of Conduct. The code of conduct may be viewed here: [Code of Conduct](#)

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of me (or my minor child, if Participant is under the age of 18) being allowed to participate in any way in any ("Activity") with USA Archery, I agree:

1. I understand dangers may be caused by my/my minor child's own actions, or inactions, the actions or inactions of others participating in the Activity, and the condition. I understand the nature of **USA Archery** activities and acknowledge my experience and capabilities and believe I am/my minor child 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 immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) **USA Archery** activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks")**; (b) these Risks 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 participation in the Activity.
3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS **USA Archery**, 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 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, or anyone on my 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 ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND 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 Witness Signature of Witness Date _____

Printed Name Parent/Guardian (Participant Under 18) Signature of Parent/Guardian Date _____

All forms must be completed and signed.



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Total Payment Information

		Qty	Total Cost
REGISTRATION FEE	\$75.00 USD	X	\$
LATE FEE (if postmarked after February 17, 2014)	\$50.00 USD	X	\$
JOAD Registration Fee	\$35.00 USD	X	\$
JOAD LATE FEE (if postmarked after February 17,2014)	\$25.00 USD	X	\$
Waivers enclosed. One for each registration form	n/c		n/c
ABSOLUTELY NO REGISTRATIONS ACCEPTED AFTER FEBRUARY 28, 2014.			
TOTAL AMOUNT ENCLOSED		\$	USD

Make checks payable to:
Tulare Target Archers

Mail Registration, Payment and Waiver to:

Tulare Target Archers
239 Moraine
Tulare, CA 93274