

# Buckley Family Classic "Star FITA"

April 25 & 26, 2020

600 Round

600 Round

Hosted by: Buckley Family Archery, LLC  
112 Tripp Street, Fall River, MA 02721

THIS IS NOT THE MAILING ADDRESS, PLEASE SEE BELOW!

NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

MALE ( ) Female ( ) Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

JOAD Club Affiliation: \_\_\_\_\_

USA Archery Member ( ) NFAA Member ( ) Exp. Date: \_\_\_\_\_

## Divisions:

\_\_\_\_\_ Bowman (up to age 12)

\_\_\_\_\_ Cub (up to age 14)

\_\_\_\_\_ Cadet (up to age 17)

\_\_\_\_\_ Collegiate

\_\_\_\_\_ Junior (up to age 20)

\_\_\_\_\_ Senior

\_\_\_\_\_ Masters 50+

\_\_\_\_\_ Masters 60+

\_\_\_\_\_ Masters 70+

## Equipment:

\_\_\_\_\_ FITA Compound

\_\_\_\_\_ FITA Olympic Recurve

\_\_\_\_\_ Barebow

## Check one:

( ) 1 Spot ( ) 3 Spot

## Shoots:

( ) Left Hand

( ) Right Hand

Registration Fee: \$30.00

Please mark 1st and 2nd choice:

Saturday - April 25th \_\_\_\_ 10:00 AM \_\_\_\_ 2:00 PM

Sunday - April 26th \_\_\_\_ 1:00 PM

Please be advised we will send out confirmation e-mails to all archers the Wednesday before the tournament. Thank you for your patience!

## Consent and Waiver Form Please read carefully before signing

In consideration of my involvement in the BUCKLEY FAMILY CLASSIC, I acknowledge and agree to the following:

1.) I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to personal property.

2.) I knowingly and freely assume all risk, and I, for myself and on behalf of my heirs, and next of kin, assign and hereby release, agree to hold harmless and promise not to sue the U.S. Archery Association, Buckley Family Archery LLC, Rhode Island Field Archery Association, their officers, directors, officials, and coaches, agents, and or employees, with respect to any and all such injury, paralysis, dismemberment and death, and/or loss or damage to personal property, from this date forward to the end of time, except that which is resultant to gross negligence and/or willful or wanton misconduct.

Hereby Agreed:

Participant's Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant's Name (print): \_\_\_\_\_

For Archers of Minority Age ( Under 18 at time of participation)

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

## ADVANCE REGISTRATION/PAYMENT REQUIRED

Make all checks payable to: Buckley Family Archery, LLC.

**Remit to: Buckley Family Archery, LLC 255 Stetson Street, Fall River, MA 02724**

Direct all questions to 774-627-4091 or buckleyfamilyarchery@comcast.net

**This application must be received no later than Monday, April 18, 2020**

Incomplete forms will not be processed. This application may be duplicated.