



2020 "Buckley October Opener" FITA The "BOO"

October 17th & 18th

Sponsored by: Buckley Family Archery, LLC
112 Tripp Street, Fall River MA 02721
This is not the mailing address, please see below

NOTICE: DUE TO COVID-19

ALL SHOOTERS/GUESTS MUST WEAR A FACE COVERING AT ALL TIMES.

ONLY ONE GUEST ALLOWED PER SHOOTER DUE TO RESTRICTIONS ON GATHERINGS.

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)
\_\_\_ Junior (up to age 20)
\_\_\_ Collegiate
\_\_\_ Senior
\_\_\_ Masters 50+
\_\_\_ Masters 60+
\_\_\_ Masters 70+

- Equipment:
\_\_\_ FITA Compound
\_\_\_ FITA Olympic Recurve
\_\_\_ FITA Barebow/Traditional

- Archer shoots:
( ) left hand
( ) right hand

- Check one:
( ) 1 Spot ( ) 3 Spot

Registration Fee: \$30.00



Please mark 1st and 2nd choice:
Saturday - Oct. 17th \_\_\_ 10:00 AM \_\_\_ 2:00 PM
Sunday - Oct. 18th \_\_\_ 10:00 AM

Consent and Waiver Form Please read carefully before signing

In consideration of my involvement in the Buckley October Opener "The BOO", 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 National Archery Association, Buckley Family Archery LLC, State Archery Association of Massachusetts, 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 REQUIRED

Make all checks payable to: Buckley Family Archery, LLC.
Mail to: 255 Stetson Street, Fall River, MA 02720
Email/Phone registrations accepted with credit card payment only

\*\*Registrations received after Friday October 9, 2020 require a \$10 late fee\*\*

\*\*Cancellations must be received 48 hours before event for refund\*\*

Direct all questions to 774-627-4091 or buckleyfamilyarchery@comcast.net
This application may be duplicated.



Office use only: RCVD: \_\_\_\_\_ CASH \_\_\_ CHECK \_\_\_ CC \_\_\_