

**The Willington Archers JOAD Invite You to the  
CTAA Spring Classic, Star FITA Archery Tournament 2008  
River Road Athletic Complex  
511 River Road (Rt. 32), Willington, CT 06279  
May 11th, 2008**

**Please Fill Out One Form Per Archer and Sign Form!!**

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Town** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Area Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Gender:** M F **Email:** \_\_\_\_\_

**Would you Like to Receive E-Mails About Upcoming Events? Y / N**

**Membership:** NAA \_\_\_\_\_ NFAA \_\_\_\_\_ **Exp. Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ FITA Olympic Bow (Recurve)

\_\_\_\_ FITA Compound

**Please Note: This is a FITA Tournament consisting of 72 arrows shot at 70 meters (120 CM Face). No awards will be given out. Please bring your own shelter and chairs. Check-in begins at 8:00 AM, practice begins at 8:30, shooting begins at 9:00 AM.**

**Fee \$10**

**Consent and Waiver:**

In consideration of my involvement in the CTAA State Outdoor Archery Tournament, I acknowledge and agree to the following: 1. I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property. 2. I knowingly and freely assume all such risk and 3. I, for myself and on behalf of heirs and next of kin, hereby release, hold harmless and promise not to sue the National Archery Association, the Town of Willington, the Connecticut Target Archers Association, their officers, coaches, agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death and/or loss of damage to personal property, from this date forward to the end of time, except that which is the resultant to gross negligence and willful or wanton misconduct.

**Hereby Agreed:**

**Participants Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Athletes under 18 years of age at time of event:**

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (Print)** \_\_\_\_\_

**CTAA Use Only:**  
**Date Received:** \_\_\_\_\_

**Make checks payable to CTAA and mail to:**

**CTAA C/O Helen Sahi  
275 Turnpike Road  
Willington, CT 06279**

**Amount Received:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_