Delicious Bow and Arrows... Youth Membership Application

For The

NAA/ USA Archery – Elite Archers™ and the Junior Elite Training System JETS™

Junior Olympic Archery Development Program

() New Applicant () Renewal	
ergJoining Date:// 2016	Residence Phone# ()
Please Print	
Name: First Middle Initial	
LastAddress	/ P.O.Box#
City State	Zip Code
Age Sex Date of Birth	// 19 or 20
Special/ Medical Conditions:	
Emergency Contact (name & telephone#)	
Parent Consent and Release for J.O.A.D. Participation (To be completed by parent or legal guardian only).	
I,Name of Parent or Legal Guardian	in consideration of the National Archery Association
(NAA) Inc. of the United States / USA Archery per participate in it's	ermitting to Name of Applicant
Junior Olympic Archery Development (J.O.A.D.) progr (5) years, with the full understanding and acknowledge consent herein constitutes a specific assumed risk to including death, do hereby from now to the end of time it's Junior Olympic Chartered Clubs, Delicious Bow an	ram, do hereby consent to such participation for a period of five ement that the use of the shooting range is dangerous and my my child, and in the event of injury or accident to my child, e, so release, discharge, absolve and hold harmless the NAA, and Arrows LLC / Elite Archers J.O.A.D. and <i>JETS</i> , it's officers eaders, instructors and coaches, from any and all liability or
AGREED & Signed This Day Of	2016.
X	
XSignature of Parent or Legal Guardian	
Please Print Name	Witnessed By