#### 42<sup>ND</sup> ANNUAL PSAA INDOOR INDIVIDUAL/ 58<sup>TH</sup> TEAM CHAMPIONSHIP STATE FARM SHOW COMPLEX - 2300 N. CAMERON ST., HARRISBURG, PA 17110 SATURDAY, APRIL 4 AND SUNDAY APRIL 5, 2020 REGISTRATION FORM

Late fees required for all letters postmarked after March 17, 2020.

Late lees i	required for all fet	icis posinarkea are	or iviaror	117, 2020.		
NAME				BIRTHDAT	E	
	PHONE (					
CITY						
Carefully circle ALL of the following the						
Adult Intermediate(15-17) Junior(12-14)					r-XPlus(72	2+) Crossbow
Trad. Recurve Trad. Longbow Bareboy	w(BB) Bowhun	terBB FITABB	Unlimite	ed(UNL-Release Ai	id)	
Freestyle(FS-Fingers) BowhunterFS(Fin	gers) FITAFS(F	Fingers)	Bowhu	nterUNL(Release A	Aid)	
Please read and follow directions carefully	. Circle 1 Shooti	ing Time ONLY!			· ·	
This shooting time is for <b>BOTH</b> Saturday		8:00 A		12:00 PM		
<u>Circle Proper Fees</u> Reg	istration Fees			Make Checks pay		
Adult / Seniors (62+)		\$45.00	1	<b>nail to:</b> Julia C. Me		
Youth Age(As of Jan. 1)		\$30.00		Executive	•	,
Husband & Wife Team(1 combined fee)		\$20.00		P.O. Box 7		1.7072
Amount Englaced C		ain your Membership Du		New Kings Phone/Fax		
Amount Enclosed \$	on this check alon	ou may choose to includ g with the completed for		TOLL FRE		
* If you would like to shoot with a certain		•		TOLL TKI	EE 1-800-3	320-1122
There are no guarantees, but we will try to	~		ty.			
ALL PARTICIPANTS MUST S			•	CHED TO THIS A	APPLICA	TION
In consideration of me (or my Minor) being allowed	to participate in any w	ay in any ("Activity") with	th The Pen	nsylvania State Archery	y Association	n, I agree:
1. I understand the nature of The Pennsylvania Stat	e Archery Association	activities and acknowle	edge my (tl	he Minor's) experience	and capabilit	ties and believe I
am (the Minor is) qualified to participate in such Act	ivity. I further acknow	ledge that I am aware th	hat the act	ivity will be conducted i	n facilities o	pen to the public
during the Activity. I further agree and warrant that i	if, at any time, I belie\	e conditions to be unsaf	afe; I will (ii	nstruct the Minor to) imi	mediately dis	scontinue further
participation in the Activity.						
2. I fully understand that: (a) The Pennsylvania St disability, paralysis and death ("Risks"); (b) these R						
others participating in the Activity, the condition in whether the condition in which is the condition of the condition in which is the condition of the condition in which is the condition of the condition in which is the condition in which is the condition of the condition in which is the condition of the condition of the condition in which is the condition of						
and social and economic losses either not known to						
for losses, costs, and damages incurred as a result $% \left\{ 1,2,,n\right\}$	of my (or the Minor's)	participation in the Activ	vity.			
3. I herby release, discharge, covenant not to sue,						
directors, agents, officers, volunteers, and employee						
the Activity takes place (each considered one of the caused or alleged to be caused in whole or in part l	,	•			• (	,
that if, despite this release, I, (the Minor) or anyon						
indemnify, save and hold harmless each of the Rele	easees from any litiga	tion expenses, attorney	fees, loss	liability, damage or cos	st any may in	ncur as the result
of any such claim.						

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. Date\_\_\_\_ Printed Name of Participant Signature of Participant Date

I have read this agreement, fully understand and it's terms, understand that I have give up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all

Printed Name of Parent or Legal Guardian Signature of Parent or Legal Guardian (If participant is under 18) (If participant is under 18)

# 16<sup>TH</sup> ANNUAL PSAA DICK GOSS STATE TARGET MEMORIAL CHAMPIONSHIP NEW KINGSTOWN FIRE COMPANY - 277 N. LOCUST POINT ROAD, NEW KINGSTOWN, PA 17072 SATURDAY, JUNE 27 AND SUNDAY JUNE 28, 2020 REGISTRATION FORM

Late fees required for all letters postmarked after June 9, 2020

Late le	es required for	an letters postinarked	arter June 9, 2020
NAME			BIRTHDATE
ADDRESS			PHONE ()
			REGION
Carefully circle ALL of the following th			
Adult Intermediate(15-17) Junior(12-14)	Cadet(9-11)	Pre-Cadet(<8) Senior(5	52-61) Senior-Plus(62-71) Senior-XPlus(72+) Crossbow
Trad. Recurve Trad. Longbow Barebo	ow(BB) Bov	whunterBB FITABB	Unlimited(UNL-Release Aid)
Freestyle(FS-Fingers) BowhunterFS(Fin	ngers) FITA	FS(Fingers)	BowhunterUNL(Release Aid)
Circle Proper Fees Adult / Seniors (62+) Youth Age (As of Jan. 1) Husband & Wife Team(1 combined fee)  Amount Enclosed \$	\$15.00 Please make have been p	\$40.00 \$25.00 \$20.00 e certain your Membership Daid. You may choose to include	mail to: Julia C. Mentzer-Yarlett Executive Secretary P.O. Box 776 New Kingstown, PA 17072 ude fee Phone/Fax: 717-691-1242
· · · · · · · · · · · · · · · · · · ·	on this check	k along with the completed for	form. TOLL FREE 1-866-328-7722
1. I understand the nature of The Pennsylvania Sta am (the Minor is) qualified to participate in such Ad during the Activity. I further agree and warrant that	ate Archery Associtivity. I further ac	ciation activities and acknow cknowledge that I am aware	with The Pennsylvania State Archery Association, I agree: wheldge my (the Minor's) experience and capabilities and believe that the activity will be conducted in facilities open to the publi safe; I will (instruct the Minor to) immediately discontinue further
disability, paralysis and death ("Risks"); (b) these others participating in the Activity, the condition in v	Risks and dange which the Activity or me or not readi	rs may be caused by my (th takes place or the negligenc ily foreseeable at this time; a	risks and dangers of serious bodily injury, including permaner ne Minor's) own actions, or inactions, the actions or inactions on the ce of the "Releasees" named below; (C) there may be other risk and I fully accept and assume all such risks and all responsibility.
directors, agents, officers, volunteers, and employe the Activity takes place (each considered one of th caused or alleged to be caused in whole or in part that if, despite this release, I, (the Minor) or anyo	ees, other participme "Releasees" he by the negligend one on my behalf	pants, any sponsors, advertis erein) from all liability, claims ce of the "Releasees" or oth f (or the Minor's behalf) mal	rania State Archery Association, their respective administrators sers, and if applicable, owners and lessors of premises on whices, demands, losses, or damages on my (or the Minor's) accourties including negligent rescue operations and further agreates a claim against any of the Releasees named above, I wisely fees, loss liability, damage or cost any may incur as the resure.
signed it freely without any inducement liability to the greatest extent allowed by t	or assurance on the law and agi	of any nature and intend	
Printed Name of Participant	Signature of Parti	cipant	Date
Printed Name of Parent or Legal Guardian	Signature of Pare	nt or Legal Guardian	_ Date

(If participant is under 18)

(If participant is under 18)

## 74<sup>TH</sup> ANNUAL PSAA STATE FIELD/HUNTER CHAMPIONSHIP MECHANICSBURG SPORTSMEN'S ASSOCIATION – 493 SAMPLE BRIDGE ROAD, ENOLA, PA 17025 SATURDAY, JULY 18 AND SUNDAY JULY 19, 2020 REGISTRATION FORM Late fees required for all letters postmarked after July 7. 2020.

Late	e fees required for all	l letters postmarked	d after July 7, 20	)20.		
NAME				BIRTHDAT	E	
ADDRESS			PHONE (_	)		
CITY						
Carefully circle ALL of the followin				assification:	AA A	——— А В
Adult Intermediate(15-17) Junior(12-			(52-61) Senior-P	lus(62-71) Senio	r-XPlus	(72+) Crossbow
Trad. Recurve Trad. Longbow Bar	rebow(BB) Bowhu	interBB FITABB	Unlimited(U	NL-Release A	id)	
Freestyle(FS-Fingers) BowhunterFS	(Fingers) FITAFS	(Fingers)	BowhunterU	NL(Release A	Aid)	
		T . D		CI I	11.	DC A A
<u>Circle Proper Fees</u> Adult / Seniors (62+)	Registration Fees \$30.00	Late Registrat		e Checks pay to: Julia C. M		
Youth Age (As of Jan. 1)		\$25.00	Шан	Executive		
Husband & Wife Team(1 combined		\$20.00		P.O. Box 7		1 9
	, ,	ertain your Membership	Dues	New Kings		PA 17072
Amount Enclosed \$		You may choose to inc		Phone/Fax		
	on this check alo	ong with the completed	form.	TOLL FRI	EE 1-86	6-328-7722
In consideration of me (or my Minor) being allo 1. I understand the nature of The Pennsylvania am (the Minor is) qualified to participate in suc during the Activity. I further agree and warrant	a State Archery Associati ch Activity. I further ackno	ion activities and ackno owledge that I am awar	wledge my (the Mir e that the activity w	nor's) experience	and capa in facilitie	bilities and believe s open to the public
participation in the Activity.						
2. I fully understand that: (a) The Pennsylvar disability, paralysis and death ("Risks"); (b) the others participating in the Activity, the condition and social and economic losses either not kno for losses, costs, and damages incurred as a r	ese Risks and dangers n n in which the Activity tak wn to me or not readily fo	nay be caused by my ( es place or the negliger oreseeable at this time;	the Minor's) own a nce of the "Release and I fully accept a	ctions, or inaction es" named below	s, the act ; (C) there	tions or inactions o may be other risks
3. I herby release, discharge, covenant not to directors, agents, officers, volunteers, and empthe Activity takes place (each considered one caused or alleged to be caused in whole or in that if, despite this release, I, (the Minor) or a indemnify, save and hold harmless each of the of any such claim.	oloyees, other participant of the "Releasees" herein part by the negligence of anyone on my behalf (or	s, any sponsors, adver n) from all liability, clair of the "Releasees" or of r the Minor's behalf) m	tisers, and if applica ms, demands, losse therwise, including lakes a claim agair	able, owners and is, or damages or negligent rescue ist any of the Re	lessors of my (or to operation leasees r	f premises on which he Minor's) accoun is and further agree named above, I wil
I have read this agreement, fully unde						
signed it freely without any inducem						
liability to the greatest extent allowed	notwithstanding, sh			t 18 HCIU tO DE I	nvanu U	iai inc Dalance,
Printed Name of Participant	Signature of Darticine	ant .	Dat	e		
Printed Name of Participant	Signature of Participa	anı	Dat	e		
Printed Name of Parent or Legal Guardian	Signature of Parent o	r Legal Guardian		-		

(If participant is under 18)

(If participant is under 18)

#### 38<sup>TH</sup> ANNUAL PSAA STATE BOWHUNTER/ANIMAL CHAMPIONSHIP

\*\*PLEASE NOTE THE ROUND CHANGES AS OUTLINED - It was voted to do a 2-year trial period (2020 & 2021) with the following format: 2 arrows only, both shot from the farthest distance. Scored 10 points each for the vital, 6 points each for inside the body line (total possible 20 points.) Sticker (dot) placed randomly along the vital line at the host club's discretion.

## MECHANICSBURG SPORTSMEN'S ASSOCIATION – 493 SAMPLE BRIDGE ROAD, ENOLA, PA 17025 SATURDAY, AUGUST 15 AND SUNDAY AUGUST 16, 2020 REGISTRATION FORM

Late f	ees required for all le	etters postmarked after Au	gust 4, 2020	
NAME			BIRTHDATE	_
ADDRESS		PHO	ONE ()	_
CITY				
Carefully circle ALL of the following				_
Adult Intermediate(15-17) Junior(12-1	4) Cadet(9-11) Pre-	-Cadet(<8) Senior(52-61) S	enior-Plus(62-71) Senior-XPlus(72+) C	rossbow
Trad. Recurve Trad. Longbow Bar-	ebow(BB) Bowhur	nterBB FITABB Unlin	nited(UNL-Release Aid)	
Freestyle(FS-Fingers) BowhunterFS	(Fingers) FITAFS(	Fingers) Bow	hunterUNL(Release Aid)	
Circle Proper Fees  Adult / Seniors (62+)  Youth Age(As of Jan. 1)  Husband & Wife Team(1 combined and a company)  Amount Enclosed \$	fee) \$15.00  Please make cert have been paid. \( \)	Late Registration \$40.00 \$25.00 \$20.00 tain your Membership Dues You may choose to include fee ng with the completed form.	Make Checks payable to PSA mail to: Julia C. Mentzer-Yarlett Executive Secretary P.O. Box 776 New Kingstown, PA 17 Phone/Fax: 717-691-12 TOLL FREE 1-866-328-7	072 242
In consideration of me (or my Minor) being allow 1. I understand the nature of The Pennsylvania am (the Minor is) qualified to participate in such during the Activity. I further agree and warrant participation in the Activity.	State Archery Association Activity. I further acknow	n activities and acknowledge my wledge that I am aware that the	(the Minor's) experience and capabilities a activity will be conducted in facilities open to	nd believe I o the public
2. I fully understand that: (a) The Pennsylvan disability, paralysis and death ("Risks"); (b) the others participating in the Activity, the condition and social and economic losses either not know for losses, costs, and damages incurred as a re	se Risks and dangers ma in which the Activity takes vn to me or not readily for	ay be caused by my (the Minor's place or the negligence of the reseeable at this time; and I fully	s) own actions, or inactions, the actions or 'Releasees' named below; (C) there may be	inactions of other risks
3. I herby release, discharge, covenant not to directors, agents, officers, volunteers, and emp the Activity takes place (each considered one caused or alleged to be caused in whole or in that if, despite this release, I, (the Minor) or a indemnify, save and hold harmless each of the of any such claim.	loyees, other participants of the "Releasees" herein part by the negligence of nyone on my behalf (or	, any sponsors, advertisers, and ) from all liability, claims, demar the "Releasees" or otherwise, i the Minor's behalf) makes a cla	if applicable, owners and lessors of premise ds, losses, or damages on my (or the Minor noluding negligent rescue operations and fu aim against any of the Releasees named a	es on which r's) account irther agree above, I will
I have read this agreement, fully unde signed it freely without any induceme liability to the greatest extent allowed by	ent or assurance of an by the law and agree t	y nature and intend it to b	e a complete and unconditional releas reement is held to be invalid that the	e of all
Printed Name of Participant	Signature of Participar	nt		

Signature of Parent or Legal Guardian

(If participant is under 18)

Printed Name of Parent or Legal Guardian

(If participant is under 18)

Date