



Chicagoland JOAD Membership Application

New membership _____
 Renewal membership _____

Application Date _____
 Membership Dues Paid \$ _____

Archer's full name:		
Home address:		
City, State and Zip Code:		
Home phone number:		
Date of Birth:		Age:
	Mother	Father
Parents' name:		
Parents' work phone number:		
Parents' cell phone number:		
Parents' e-mail address:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Type of bow:	<input type="checkbox"/> Recurve	<input type="checkbox"/> Compound
NAA Division:	Youth: Up to and in the year of your (___th) birthday. <input type="checkbox"/> Bowman (12) <input type="checkbox"/> Cub (14) <input type="checkbox"/> Cadet (17) <input type="checkbox"/> Junior (20)	Seniors: Up to and in the year of your 49 th birthday. Masters: In the year of your 50th/60th birthday and older. <input type="checkbox"/> Senior <input type="checkbox"/> Master 50+ <input type="checkbox"/> Master 60+
NAA Membership:	<input type="checkbox"/> Yes - Expiration date: (month/year) _____ <input type="checkbox"/> No	

*If NAA membership has expired or has not been applied for, your child's progress will not be on record with the NAA and participation in NAA sanctioned tournaments will be as a guest only.

Application forms are available on-line at: <http://www.usarchery.org/naapub/member/appform.htm>.

Family Membership: \$100/year (October 1st - September 30th) (Fee will be prorated mid-year for initial membership.)
Non-Resident Membership: \$25/year (Member living out-of-state or greater than 100 miles from the club.)
Session Fee: \$5.00 per person/per session (Session fee is waived with paid family membership.)
Make checks payable to: Chicagoland JOAD
Complete one form for each family member and return to: Chicagoland JOAD
 c/o Kathy Miller
 2732 Newport Drive
 Naperville, IL 60565

(Revised 03/10)

SIGN AND DATE WAIVER FORM ON THE BACK.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in any Chicagoland JOAD program, event, tournament or additional practice sessions:

I/we agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes that anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

I/we acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

I/we assume all foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

I/we release, waive, discharge and covenant not to sue the **Fox Valley Park District, Auroraland Archers, Mooseheart Child City and School, Inc.** and their respective administrators, directors, agents, coaches, other employees and other participants, and **Chicagoland JOAD** and their administrators, directors, agents, coaches and other participants all of which are hereinafter referred to as "releasees" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/we have read the above waiver and release and understand that we have given up substantial rights by signing it and sign it voluntarily.

Participant's Signature: _____ Date: _____

Parent/

Guardian Signature: _____ Date: _____