

Kitsap Hotshots JOAD
Individual membership application
For Junior Olympic Archery Development Program (JOAD)

Date _____

Athlete's Name: _____ Age: _____

DOB ____/____/____

Address: _____ City _____

State: _____ Zip _____ Email: _____ Phone: _____

Sex ____ Male _____ Female _____

I, _____, permit, in consideration of the National Archery association, Inc, hereby consent to such participation and in the event of injury or accident does here by release, discharge, and absolve the NAA and it's clubs, leaders, and instructors from any and all liability or responsibility therefore.

Signed this day _____ of month _____, year 20 _____.

Signature of Parent / Guardian _____

Print: _____

Witness: _____

Dues:

First lesson is FREE

\$80.00 for the first month. This includes required National Archery Association membership for the first year, plus one month's lessons.

Additional family members \$55.00 each.

Monthly dues: \$20.00 per month with equipment rental.

\$10.00 per month if personal equipment is to be used.

Contacts:

Trevor DoBell-Carlsson
(360)-813-5593

Tim Berg
(360)-275-9258

Email:
kitsaphotshots@hotmail.com