

Archery

MS Youth Championship

Sponsored By



Commissioner
Craig Beeding
601-325-0222

Dates
June 9, 2018
Doors open at 7 a.m.

Site
1022 Hwy 19 South
Meridian, MS 39301
Lauderdale County Agri-Center

Entry Fee
You may register on-line starting March 16 or use this form.
\$40 early registration – March 16 - April 9
\$50 late registration – April 10 - May 19

Deadline
May 19, 2018
NO ON-SITE REGISTRATION

Format/Rules
All competitors must have been in an active AIMS program in 2018. All competitors must have their AIMS ID# to register. All participants must have an official AIMS Matthews Genesis Bow, arrows will be provided.

Other Information
Gold Silver and Bronze medals will be awarded to the top 3 males and top 3 females in each division.

- Events**
- Classes/Divisions: This is what grade you were in January 2018. So if you graduate in May 2018 then you are still eligible as a senior!
 - Grades 4-6 **Mandatory Check-in from 7 a.m.-8 a.m.: SHOOT TIME 9 a.m.
 - Grades 7-8 **Mandatory Check-in from 9 a.m.-10 a.m.: SHOOT TIME 11 a.m.
 - Grades 9-10 **Mandatory Check-in from 11a.m.-12 p.m. SHOOT TIME 1 p.m.
 - Grades 11-12 **Mandatory Check-in from 1 p.m.-2 p.m.: SHOOT TIME 3 p.m.

- Divisions**
- Grades 4-6 = 9 a.m.
 - Grades 7-8 = 11 a.m.
 - Grades 9-10 = 1 p.m.
 - Grades 11-12 = 3 p.m.
- ** This is what grade you were in on January 2018 ***
Must be checked in at least 1 hour before your grade's shoot time. NO EXCEPTIONS

Date Received: _____	\$\$\$ Received: _____	Athlete #: _____	Input: _____
Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No	T-Shirt: <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICIAL USE ONLY

IMPORTANT! You MUST include the Individual Waiver Form with this registration.

TO ENTER

Information: 1-800-482-0205 or www.stategamesofms.org

PRINT clearly.

Send entry & check or money order to: State Games of MS, P.O. Box 5866, Meridian, MS 39302.

Sport: Archery : MS Youth Championship — Please give class/division & grade here: _____

AIMS ID #: _____ **Archery Coach(es) Name(s):** _____

School Name: _____

Last Name: _____ **First Name:** _____ **M.I.:** _____ **Age:** _____ Male Female

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail: _____ **Date of Birth (mm/dd/yy):** _____ **Phone (w):** _____ **Entry Fee(s):** \$ _____

Emergency Contact Name: _____ **Phone:** _____ **XXL T-Shirt Fee:** \$ _____

Relation: _____ **T-shirt size:** YM YL S M L XL XXL (\$1 extra) **TOTAL ENCLOSED:** \$ _____

Note: One shirt included in entry fee.

Individual Waiver Form

MUST BE INCLUDED with EVERY Individual Sport Entry Form

THIS OFFICIAL WAIVER MUST BE SIGNED BY EVERY ATHLETE and LEGAL GUARDIAN (if athlete under age 18). This Individual Waiver form for Individual Sport athletes and coaches ONLY. Teams will sign a separate waiver. Every individual not in a team sport MUST fill out this waiver. Note: Participants in equestrian events must fill out and sign both parts below.

Please **PRINT YOUR SPORT NAME ON THE LINE BELOW**, sign the form and include with entry.

YOUR SPORT: _____

IN CONSIDERATION of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned: **ACKNOWLEDGE AND FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result **NOT** only from his or her own actions, inactions or negligence, but the actions, inactions 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 or now reasonably foreseeable at this time. **ASSUME** all of the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** State Games of Mississippi, Inc., sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Government of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns or 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 releasee or otherwise, to the fullest extent permitted by law. **CONSENT** to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent

to permit and authorize those providing medical care to perform medical treatment as deemed necessary. **CONSENT** to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage or world wide web of the State Games of Mississippi without compensation. **THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.**

X

 Participant's Signature Date

Printed Participant's Name

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 at the time of registration.)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X

 Parent/Guardian Signature Date

Printed Parent/Guardian Name

For Equestrian Events Only

AGREEMENT TO HOLD HARMLESS: I acknowledge every entry of this competition shall constitute an agreement and affirmation that all participants (including without limitation, the owner, lessee, trainer, manager, agent, coach, rider, handler and the horse) for themselves, their principles, representatives, employees and agents shall be subject to the constitution and rules of the competition; represent that every horse, rider and handler is eligible as entered; agree to be bound by the rules the competition and will accept as final the decision of the State Games of Mississippi officials; agree that as a condition of and in consideration of acceptance of entry, competition management may market, transfer, assign or otherwise make use of any photographs, likenesses, films, broadcasts, cablecasts, audio tapes or video tapes taken of the horse(s) and participants while on the grounds in any way seen fit for the promotion of the event, without compensation to any of them and hereby expressly and irrevocably waive and release any rights in conjunction with such use, including any claim of invasion of privacy, right to publicity or to misappropriation; and agree that they participate voluntarily in the competition fully aware that horse sports and competition involve inherent dangerous risks of serious injury or loss, and they agree to indemnify and hold the competition and their officials, the State Games of Mississippi, directors, employees and agents harmless from and against all claims directly or indirectly from the negligent acts or omissions of said officials, directors, employees and agents of the competition, or the State Games of Mississippi, and agree to hold the aforementioned parties harmless from any claim or loss or injury that may be alleged to have been caused directly or indirectly to any person or thing by the act of my (my child's) horse while in or upon the competition grounds, and I personally assume all responsibility and liability for

any such claim of theft, disappearance, death to horse or rider, I hereby assume sole responsibility.

X

 Rider's Signature Date

Printed Rider's Name

X

 Horse Owner's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 at the time of registration.)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X

 Parent/Guardian Signature Date

Printed Parent/Guardian Name