

**SILVER ARROW BOWMEN MEMBERSHIP APPLICATION AND RENEWAL**

20409 E Hickox Road Mount Vernon Wa. 98273

Name (Print): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**For Family Memberships:**

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Are you a member of WSAA?  New Membership:   
Are you a member of NFAA?  Renewal:

**MEMBERSHIP DUES:**

Single Membership: \$50.00  Family: \$60.00  Youth (12-17): \$20.00

- Active Duty, Retired Military and Disabled Veterans are half-price.
- Dues are due January 1<sup>st</sup> of each year. After July 1<sup>st</sup>, dues are half-price.
- Family memberships include immediate family, 18 and under, living at home.
- Life Memberships for Single and Family are 10X the regular annual dues.

Check, cash and credit/debit cards are accepted. For credit cards we will add a fee of \$1 (\$10 for Life memberships) to cover our processing costs.

Or use the PayPal link on the website [www.silverarrowbowmen.com](http://www.silverarrowbowmen.com)  
[Membership – Silver Arrow Bowmen.](#)

Please include the processing fee as above. If paying online through the website, please check here to keep your payment from getting lost.

If not paying online, mail application with payment to: Silver Arrow Bowmen  
PO Box 2056  
Mount Vernon, WA 98273

General Membership meetings are the first Monday of each month, except September or if otherwise notified. One hour of work credit is earned for each meeting attended.

**Clubhouse key eligibility:**

- Six months of active membership.
- A minimum of 35 hours donated for club maintenance, improvements, and/or club functions each year.

**USE OF THE RANGE REQUIRES THAT ALL MEMBERS SIGN THE RELEASE OF LIABILITY ON THE BACK OF THIS SHEET  
OR AT THE RANGE EACH YEAR**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in Silver Arrow Bowmen athletic sports program, related event and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Silver Arrow Bowmen their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**FOR 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, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_

**OTHER CLUB INFORMATION**

Contact information:

Website: Silverarrowbowmen.com

Facebook: Silver Arrow Bowmen

Mailing address: Silver Arrow Bowmen  
PO Box 2056  
Mount Vernon, WA 98273

Membership information queries: secretary@silverarrowbowmen.com

Club Location: 20409 E Hickox Road  
Mount Vernon, WA 98273

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Additional Children:

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other club affiliations: \_\_\_\_\_

Are there skills you would like to offer the club for maintenance and improvements, such as building trades, legal and/or insurance experience, grounds work, or whatever else you think might be useful? (Hard labor is always welcome, of course!)

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