



## REGISTRATION FORM

### Kansas Secretary of State 2nd Ad Astra Archery Tournament

A joint effort with the Kansas Department of Wildlife, Parks and Tourism and  
Department of Health and Human Performance at Fort Hays State University

April 21, 2012 at MacLennan Park

Archer's Name: \_\_\_\_\_ Archer's Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Check One Mode of Training: *(If Other Program, come early for tournament rules instruction.)*

NASP Program     Other Archery Program \_\_\_\_\_

School or Organization Name: \_\_\_\_\_

School or Organization Address: \_\_\_\_\_

School or Organization Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate who will accompany the archer: \_\_\_\_\_

By completing and signing this registration form I certify that the above-named archer has participated in a National Archery in the Schools Program (NASP) curriculum or other acceptable archery training prior to competing in this tournament, will abide by all tournament rules, and has my parent/guardian permission to participate in the Secretary of State Ad Astra Archery Tournament.

Further, in consideration of the above-named archer's admission to the Secretary of State Ad Astra Archery Tournament, and other good and valuable consideration, the receipt of which is acknowledged by the undersigned, I hereby release, discharge, indemnify and hold harmless the State of Kansas, the Office of the Secretary of State, and their agents, employees and independent contractors from any and all liability, claims, demands or causes of action, for personal injury and/or property damage or loss which are in any way connected with the above-named archer's participation in this tournament, including attorneys fees and costs incurred to enforce this agreement.

I also agree to expulsion from the tournament if I or my child should continually or willfully fail to observe safety procedures and tournament rules. I enter into this release agreement voluntarily and on behalf of my heirs, administrators and assigns.

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

**COMPLETE this registration form and email it to [kay.curtis@sos.ks.gov](mailto:kay.curtis@sos.ks.gov), fax it to (785) 296-8577, or mail it to Kay Curtis, Office of the Secretary of State, 120 S.W. 10<sup>th</sup> Avenue, Topeka, KS 66612.**

**This completed form MUST be received no later than April 12, 2012.**