

## 2026 CCBA, INC. MEMBERSHIP APPLICATION

I/we hereby make application for membership in the Collin County Bowhunters Association Inc. I/we will uphold and follow all rules and regulations of CCBA, Inc. I/we understand the CCBA, Inc. reserves the right to cancel membership and access rights for my/our failure to do so. I/we understand that as members I/we will have full use of the practice range year round without any additional fees. I also understand that I will get discounted tournament fees.

Membership for 2026 will run from Jan. 1, 2026, through Dec. 31, 2026.

Membership Fee for Club Members for 2026 (check the one that applies):

<input type="checkbox"/>	<b><u>\$100.00 for an individual</u></b>
<input type="checkbox"/>	<b><u>\$125.00 for a family</u></b> (children under 18 years of age who still reside in the household)
<input type="checkbox"/>	<b><u>\$75.00 for individual military, police, firefighter</u></b>
<input type="checkbox"/>	<b><u>\$100.00 for family military, police, firefighter</u></b> (children under 18 years of age who still reside in the household).

Proof of full-time military service, police, and firefighters must be provided along with this application.

Payment Type Made:       (Cash)       (Check)       (PayPal)

**Date of Birth** is required by our Insurance Company before membership can be approved. The **Range Rules** must be read and understood by everyone on this application. Only **one** signed/dated copy of the Range Rules is required per family. **Note: an insurance release form must be filled out for each member of the family that will be on the range or will participate in club events.**      **Date Format: 00/00/0000**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

Spouse Name (if spouse will participate in Club Events): \_\_\_\_\_ DOB \_\_\_\_\_

Please Provide (Names and Date of Birth of All Children Who Are to Participate in Club Events)

Child 1 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Child 1 AGE: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Child 2 AGE: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Child 3 AGE: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Child 4 AGE: \_\_\_\_\_

Child 5 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Child 5 AGE: \_\_\_\_\_

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

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

Applicant Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_

Primary Vehicle License Plate Number: \_\_\_\_\_

Primary Vehicle Color: \_\_\_\_\_

**Sign Digitally or Print Out and Sign**

Applicants Signature \_\_\_\_\_

Email or Mail Application and Insurance release forms to:

[membership@collincountybowhunters.org](mailto:membership@collincountybowhunters.org)

CCBA, Inc.  
3212 Pilgrim Drive  
Melissa, TX 75454

**Collin County Bowhunters Association Inc (CCBA)**  
**Shooting Range Rules (Version 01.01.2026)**

The purpose of our range rules is to ensure members understand what is expected of them while enjoying their membership rights to the CCBA outdoor range, located at 5621 County Road 1042, Blue Ridge, TX 75424. The CCBA, Inc. reserves the right to cancel or suspend any membership and access rights for not adhering to, or observing others not adhering to these rules and failing to report observed activity to CCBA leadership.

Thank you for your support of the CCBA Inc, adhering to these rules and enjoy your time!

**Hours:**

- Every day, Daylight to Dark unless range is closed for a special event or maintenance

**General**

- Shooters are Members Only, No Guest Shooters
- Field point tipped arrows only, no broadhead tipped arrows allowed on the range
- Non-Shooting family members, can walk the range, but must have a signed Insurance Release
- No alcohol or mind-altering substances allowed
- Help us keep the range clean, remove any trash or debris
- Report any unsafe conditions observed, Range Rule violations or if any target repairs are necessary

**Access**

- Members will have Master Lock Vault app and CCBA Lock Assigned to them on their phones
- Must use Master Lock Vault Blue Tooth to operate range gate lock
- Close and lock gate behind you when entering or leaving

**Static Range (10 to 60 Yard Sight in Range)**

- No broadheads
- Crossbows are allowed on static range only
- Shots must be taken behind shooting line and within shooting lane of the target
- No cross-angle shooting at adjacent targets
- “Clear” range before retrieving arrows, no shooting while anyone is accessing arrows
- Pull arrows from targets, no digging or cutting allowed to remove arrows
- No personal targets allowed

**3D Target Range (70 Acre Range)**

- No broadheads
- No crossbows on the 3D Range targets
- No elevated shooting platforms or tree saddles allowed
- No hunting or shooting animals on the range outside of snakes
- Shooting only allowed within range boundaries
- Crossing boundary fences is allowed to retrieve arrows that can be seen, avoid damaging fence or wandering around
- Pull arrows from targets, no digging or cutting allowed to remove arrows

**Sign Digitally or Print Out and Sign**

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Applicant Name:** \_\_\_\_\_

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

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

**Applicant Mobile Phone:** \_\_\_\_\_

**Applicant E-Mail Address:** \_\_\_\_\_

**Releasor** hereby releases Releasee its officers, agents, board members, club members, volunteers, their heirs, administrators and executors, (herein collectively referred to as "Releasees").

**Releasor**, being of lawful age, (or, in the case of a minor, through his/her parent or guardian) in consideration of being permitted to participate in various shooting disciplines and activities at the **Releasees** Facility, either as a member or guest, do for myself, my spouse, legal representatives, heirs, assigns and subrogors, hereby release, waive and forever discharge **Releasees** from any and all liability for any and all losses and damages of any type or kind, and from any and all claims, suits, demands, actions or rights of actions, of whatever kind, either in law or equity, arising from or by reason of death, personal injury known or unknown, or property damage resulting from any incident which may occur during **Releasor's** presence at the **Releasees** Facility, and/or participation in any activity, whether caused in whole or in part by the **Releasees** or any other person or thing at the host while **Releasor** is present. **Releasor**, and his/her parent or guardian in the event **Releasor** is a minor, agree to fully indemnify, defend and hold **Releasees** harmless for all **Releasor's** actions or omissions while at the host. There is no limit to this indemnity.

**Releasor** assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of the **Releasees** or any other third party or thing while at the **Releasees** Facility, and while competing, officiating, working, spectating, or for any purpose at the Releasees Facility.

**Releasor** fully and completely releases the **Releasees** and any of its related parties or and from all liability to **Releasor** and to anyone or any entity claiming by, through or under **Releasor**, by subrogation or otherwise, it being **Releasor's** intent to fully waive and release all subrogation rights.

**RELEASOR** AGREES THAT THIS RELEASE CONSTITUTES THE ENTIRE AGREEMENT BETWEEN **RELEASOR** AND **RELEASEES** AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL, AND THE SAME SHALL CONTINUE IN FULL FORCE AND BE APPLICABLE TO ANY AND ALL ACTIVITIES **RELEASOR** ATTENDS WHILE AT THE **RELEASEES** FACILITY.

**Releasor** agrees that this Release Agreement is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, the balance hereof will continue in full force and effect.

**RELEASOR** HAS CAREFULLY READ THIS RELEASE AND UNDERSTANDS ALL OF ITS TERMS. **RELEASOR** EXECUTES THE SAME VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

In Witness Whereof, **Releasor** has executed this Release: Date of Application: \_\_\_\_\_

**Sign Digitally or Print Out and Sign**

\_\_\_\_\_  
(**Releasor** – Applicant your signature acknowledges receipt of document)

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Spouse Name:** \_\_\_\_\_

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

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

**Spouse Mobile Phone:** \_\_\_\_\_

**Spouse E-Mail Address:** \_\_\_\_\_

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\_\_\_\_\_

(**Releasor** – Spouse your signature acknowledges receipt of document)

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Child 1 Name:** \_\_\_\_\_

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

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

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**Sign Digitally or Print Out and Sign**

\_\_\_\_\_  
(**Releasor** – Child 1 your signature acknowledges receipt of document)

Child 1 age: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian of any member or visitor under the age of 18 years)

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Child 2 Name:** \_\_\_\_\_

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

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

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(**Releasor** – Child 2 your signature acknowledges receipt of document)

Child 2 Age: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian of any member or visitor under the age of 18 years)

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Child 3 Name:** \_\_\_\_\_

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

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

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\_\_\_\_\_  
(**Releasor** – Child 3 your signature acknowledges receipt of document)

Child 3 Age: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian of any member or visitor under the age of 18 years)

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Child 4 Name:** \_\_\_\_\_

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

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

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(**Releasor** – Child 4 your signature acknowledges receipt of document)

\_\_\_\_\_  
Child 4 Age \_\_\_\_\_  
(Signature of parent or guardian of any member or visitor under the age of 18 years)

**2026 CCBA, Inc. Insurance Release**

**One per person**

**Child 5 Name:** \_\_\_\_\_

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

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

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\_\_\_\_\_  
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