

AMERICAN POLOCROSSE ASSOCIATION
Membership Form

Please complete clearly below: (All information will be sent to first name that appears on form)

Name: _____ APA Club Affiliation _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Home # _____ Cell # _____ Fax # _____

Player _____ Non-player _____ Email Address: _____

Family Membership:(list spouse and/or children under 18 with Birth Date) _____

All memberships end on December 31st of each year; renewals are due on January 1st. After January 31st, there will be a 20% penalty late fee for renewing members. This is to encourage early membership renewal and help the administrative process. New memberships are pro-rated after October 1st to \$22.50 for Family; \$15.00 for Senior; \$7.50 for Junior.

<input type="checkbox"/> Renewal (late fee after Jan 31 st)	<input type="checkbox"/> New Member (no late fee)	<input type="checkbox"/> Are you a Pony Club or 4-H Member?
<input type="checkbox"/> Family	(child 18 yrs. not included)... \$90.00	Yearly fees... <u>after January 31st renewal is \$108.00</u>
<input type="checkbox"/> Individual	(18 yrs. and older)..... \$60.00	Yearly fees... <u>after January 31st renewal is \$72.00</u>
<input type="checkbox"/> Junior	(17 yrs. and under)..... \$30.00	Yearly fees... <u>after January 31st, renewal is \$36.00</u>
<input type="checkbox"/> Associate	(newsletter only)..... \$30.00	Yearly charge
<input type="checkbox"/> Day Member	(no full membership benefits) \$20.00	Each tournament

Add'l Contributions to APA approved funds: Name of Fund _____ Amount _____
 (General, Player Development Program, Coaching, Umpiring, Nationals)

The American Polocrosse Association offers to its membership, newsletters, rulebooks, coaching and umpire certification programs, eligibility to participate as a player in sanctioned tournaments, eligibility to compete in international competitions, a general liability insurance policy, and a commitment to promote the American Polocrosse Association.

I, as a member, agree to abide by the By-Laws and all Rules and Regulations, of the American Polocrosse Association.

RELEASE OF LIABILITY

The undersigned states the following: I acknowledge that the game of Polocrosse involves inherent risks of personal injury to me personally, my horse, and damages to equipment and property. Knowing and understanding this, I still desire to participate in and attend APA sanctioned events.

In consideration for my participation in and attendance to these events. I hereby, for myself, my heirs, executors and assigns, discharge and hold harmless; The American Polocrosse Association, the APA Club, its officers, directors, members and agents, and all other persons or organizations in any way connected with this event including, but not limited to properties, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assigns, from any and all rights, claims or liability for damages from any and all claims of any kind of nature, that might arise out of my participation in any activity in any way connected with this event or taking place upon the grounds.

I further acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control.

I hereby certify that I am covered by medical, health and accident insurance and/or I am responsible for any costs I may incur for my own medical injuries.

By signing this release and waiver, I am assuming all risks of this activity in which I will be engaged and releasing all of the parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risk and to waive and give up my rights (for myself and my heirs) to sue. And I do so knowingly and voluntarily.

Parent or Guardian Release and Waiver (Please list all minor members, in space below, whether player/non)

I am the parent/guardian of _____
 a minor, and on the minor's behalf, and on the behalf of all other parents and guardians, I accept the release and waiver of liability above as an inducement for allowing my child to participate in polocrosse games, practices and related activities. I further authorize any emergency medical care which may be necessary.

Signature _____ Date _____

Send To Our Texas Address: APA
 P.O. Box 1053
 Johnson City, TX 78363

Questions? Contact Laura Humphreys, APA Secretary at lhumphreys@americanpolocrosse.org

