

2010 APA Youth Development Program

New South Wales, Australian Exchange and Inbound tour

To qualify for this APA Australian Exchange Team and the Inbound tour the competitor must be 17 years of age or under as of August 1, 2010.

Tour Requirements: All players selected to a tour are required to conduct a clinic for their club or a requesting club upon their return before they will receive any refund of monies. This is an incentive to spread the knowledge they learn to others. By participating in this program, you agree to raise funds for the APA youth development program. All donations raised by a participant become property of the APA Youth Development Program. Only funds (fees) paid by the player or their parents are available for reimbursements. Reimbursements will only be paid if the tour runs under budget.

CHECKLIST FOR A COMPLETE APPLICATION TO BE SUBMITTED WITH DEPOSIT BY

November 30, 2009

- Youth Development Program Application Completed and Signed by Participant & Parent
- 2009 Medical Release Form
- Copy of Insurance Card (Front & Back)
- \$100.00 Deposit

APA Youth Development Program Tour Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Tel: _____ Cell: _____

Age as of August 1, 2010 _____ Birth date: _____

Email: _____ Parent's E-mail: _____

Name of Two Horses Submitting to the Exchange:

I understand that participation with any tour is a privilege and I look forward to working with the team and representing my sport, my association and my country to the best of my ability. I understand that I will be required to attend practices to the best of my ability, raise funds for my team and trips, provide 2 fit horses for me or others to ride during or in preparation for these tours (need not be your own) and help procure and share in the expense (if necessary) for 4 additional horses for a reserve pool. I agree to submit myself to the direction of my coaches and managers for the good of my team and this tour. I agree to abide by the APA Code of Conduct and any specific conduct requirements that my coaches or managers may have. I agree to conduct a clinic for my club or a requesting club upon my return before I will receive any refund of monies.

I also understand that my coaches and managers have the authority to send me home from any practice, event or tour if my behavior is not acceptable to them. Any additional costs incurred by the APA or any party to send me home will be promptly reimbursed by me or my parents.

Agreed: _____ Date: _____

Parent: _____ Date: _____

Return completed application, deposit, medical release form and copy of insurance card on or before November 30, 2009 to:

David Brooks
9239 Hester Road
Hurdle Mills, NC 27541

2010 APA Medical Waiver & Treatment Form

In consideration of my child's participation in an American Polocrosse Association (APA) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize the APA, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any APA activity personnel; (including, but not limited to, organizers, instructors, coaches, managers, chaperons), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my child's medical history, symptoms, treatment, exam results and/or diagnosis.

I have read this release and agree to it.

Participant Name

Participant Signature

Parent or Legal Guardian Name

Parent or Legal Guardian Signature