

AMERICAN POLOCROSSE ASSOCIATION—Membership Form 2010

(Please consider signing up online at: www.americanpolocrosse.com/support-join.)

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

Name: _____ APA Club Affiliation _____

Mailing Address: _____ APA Number _____

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

Home # (____) _____ Cell # (____) _____ Fax # (____) _____

Player _____ Non-player _____ Email Address: _____

Family Membership: (list spouse and/or children 17 and under with Birth Date, include last names if different than above)

Spouse first name _____ Last Name _____ Birth date ____/____/____ email address _____ cell _____

Child First Name _____ Last Name _____ Birth date ____/____/____ Child First Name _____ Last Name _____ Birth date ____/____/____

Child First Name _____ Last Name _____ Birth date ____/____/____ Child First Name _____ Last Name _____ Birth date ____/____/____

All memberships end on December 31st of each year and **renewals are due at the APA office between January 1st and January 31st**. 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 membership fees are pro-rated after October 1st to \$27.50 for Family; \$17.50 for Senior; \$10.00 for Junior.

____ Renewal (late fee after Jan 31st) ____ New Member (**no late fee ever**) Are you also Pony Club, 4-H, USET, other? _____

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|------------------|---|----------|--|
| ____ Family | (child 18 yrs. not included) | \$110.00 | Yearly fees...after January 31 st renewal is \$132.00 |
| ____ Individual | (18 yrs. and older) | \$ 70.00 | Yearly fees...after January 31 st renewal is \$ 84.00 |
| ____ Junior | (17 yrs. and under) | \$ 40.00 | Yearly fees...after January 31 st renewal is \$ 48.00 |
| ____ Associate | (newsletter only) | \$ 30.00 | Yearly charge |
| ____ Day Member | (no full membership benefits) | \$ 20.00 | Allowed for one tournament/year. Tourmie name & date _____ |
| ____ Life Member | (current only; please sign waiver and update contact information) | | |

Add'l Contributions to APA approved funds: Name of Fund _____ Amount _____

General Fund, 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, a general liability insurance policy for members and sanctioned tournaments eligibility to compete in international competitions, and a commitment to promote the American Polocrosse Association.

I, as a member, agree to abide by the By-Laws, the Code of Conduct and all Rules and Regulations of the American Polocrosse Association. I agree to comply with all State laws pertaining to the possession of distribution of alcohol to minors. Further, I acknowledge that it is my responsibility to comply with all APA rules, including those pertaining to equipment and helmets. The safety of the equipment and the animals that I use is my responsibility.

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 am 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 or non-player)

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 For Release of Liability _____ Date _____

THE APA HAS GONE GREEN: The newsletter can be found on our website for all members. If you do want it mailed to you in paper form, please check here _____

Send To Our APA Address: APA c/o Erica Vallee; P.O. Box 296; Charlotte Hall, MD 20622
Questions? Contact Laura Humphreys, APA Secretary lhumphreys@americanpolocrosse.org