

# AMERICAN POLOCROSSE ASSOCIATION—Membership Form 2011

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

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

First Name: \_\_\_\_\_ Middle I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

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

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

Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

APA Number \_\_\_\_\_ APA Club Affiliation \_\_\_\_\_ APA Zone \_\_\_\_\_

**MEMBERSHIP TYPE**- please indicate type of membership- and fill in all family member's information below if a family membership.

All memberships end on December 31st of each year. **Renewals are due at the APA office between January 1<sup>st</sup> and January 31<sup>st</sup>.** After January 31st, there is a 20% late fee for renewals. Beginning October 1st, the price of new memberships is discounted 75 % to: Family \$27.50; Individual \$17.50; Junior \$10.00.

\_\_\_\_ **Family Membership:** \$110.00 - Includes husband, wife, and children under 18 (late renewal price \$132.00); include last names if different than above

Spouse's First Name	Last Name	Birth Date	Email	Cell #
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Child's First Name	Last Name	Birth Date	Child's First Name	Last Name	Birth Date
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Child's First Name	Last Name	Birth Date	Child's First Name	Last Name	Birth Date
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\_\_\_\_ **Individual Membership:** \$70.00 - Single members 18yrs and older (late renewal price \$84.00)

\_\_\_\_ **Junior Membership:** \$40.00 - Single members 17yrs and under (late renewal price \$48.00)

\_\_\_\_ **Life Member:** CURRENT Life members only- only available for renewing life members to update and confirm membership information

\_\_\_\_ **Associate Membership:** \$30.00 – Support the APA and receive our newsletter

\_\_\_\_ **Day Member:** \$20.00 – No full membership benefits – ONLY available for ONE sanctioned tournament per year:

Date of tournament \_\_\_\_\_

\_\_\_\_ **Renewal** (late fee after Jan 31<sup>st</sup>) \_\_\_\_\_ **New Member** (no late fee ever) \_\_\_\_\_ Are you also Pony Club, 4-H, USET, other? \_\_\_\_\_

Add'l Contributions to APA approved funds: Fund Name \_\_\_\_\_ (General Fund, Player Development Program, Coaching, Umpiring, Nationals) \$ \_\_\_\_\_

“Off The Racquet” newsletter can be found on our website for all members. If you do want it mailed to you in paper form, check here \_\_\_\_\_

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.

**Member Signature** (Agreement of APA terms and Release of Liability) \_\_\_\_\_

Please mail with your check payable to: APA, P.O. Box 158, Bonneau, SC 29431 Questions: ask Laura Humphreys, APA Secretary  
[lhumphreys@americanpolocrosse.org](mailto:lhumphreys@americanpolocrosse.org)