

### 2017 Youth Development Program Application

Name		Cell Phone	
Address			
City		State	Zip
Email		Parent Email	
Parent Name		Parent Phone	
Birthday		Age Jan 1, 2017	
Horse #1		Horse #2	
Tshirt size			

What are your goals as a member of the YDP?

I understand that participation with any tour or team 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 and a try out. I will also be required to assist my team during clinics, tournaments, and activities and **provide 2 fit horses** for me and others to ride during practices, try outs, or tours. I agree to submit myself to the direction of my coaches and managers for the good of my team on any trip or tour. I agree to abide by the APA Code of Conduct and any specific conduct requirements that my coaches or managers may have.

I also understand that my coaches and managers have the authority to remove me from any practice, tour, or try out for violating the Code of Conduct. Any additional costs incurred by the APA or any party to send me home will be promptly reimbursed by me or my parents.

By signing this application, I agree to the terms of this contract.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application, and medical release form to:

Erin Barnes  
 38744 Reeves Road  
 Mechanicsville, MD 20659  
 erin@hclaw.net  
 301-997-4395