

AMERICAN POLOCROSSE ASSOCIATION—Membership Form 2017

PLEASE PRINT CLEARLY BELOW: All mailed information will be sent to first name that appears on this form.

Name: _____ Middle I. _____ Club _____
Only One Club

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home # (_____) _____ Cell # (_____) _____ Zone _____

Email Address: _____ Date of Birth: ____/____/____

MEMBERSHIP: Please check type of membership and renewal or new and fill in all information. Memberships end on December 31st of each year. To be included in the database, every member, even in a Family, must have an email; otherwise the names will not show as a paid member.

RENEWAL or **NEW MEMBER**

FAMILY- \$140.00 (\$120 in January) – includes husband, wife and children under 18; include last names if different (use back of sheet if needed)

Spouse's First Name	Last Name	Birth Date	Email (unique email for each person required)	Cell #
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Child's First Name	Last Name	Birth Date	Email (unique email for each person required)
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Child's First Name	Last Name	Birth Date	Email (unique email for each person required)
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Child's First Name	Last Name	Birth Date	Email (unique email for each person required)
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COUPLE NO CHILDREN- \$130.00 (\$110 in January)

INDIVIDUAL (Adult) - \$80.00 (\$70 in January)

INTERMEDIATE- \$60.00 (\$50 in January) – college age members, ages 18 – 23; college id required

JUNIOR- \$50.00 (\$40 in January) – single members who have not reached their 18th birthday as of January 1st that year

CURRENT US PONY CLUB MEMBER: \$40.00 (\$35 in January)

DAY MEMBERS -- ADULTS-\$30.00 / JUNIORS-\$20.00 – temporary membership, no full benefits, available only once per APA calendar year. Not allowed for Zone Regionals or Nationals.

Are you a USPC Horsemaster? Please check here if you are. Your name _____

MEMBERSHIP IS AN AGREEMENT FOR PHOTOS TO BE USED IN PROMOTIONAL MATERIAL. Please contact APA below if it's a problem.

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. In addition to any other procedure in the By-Laws relating to the denial or revocation of Membership, the Board or the Executive Committee may deny or revoke the Membership of any Member at any time with or without cause and/or delegate the authority to do so.**

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 _____

Send To Our APA Address: APA; P.O. Box 158; Bonneau, SC 29431

Questions? Contact Laura Humphreys, Executive Administrator
lhumphreys@americanpolocrosse.org