



## 2019 Youth Development Team - Application

Name: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age as of January 1, 2019: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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, should there be one. I will also be required to raise funds for my team and to 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 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.

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

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

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application, completed information sheet, and medical release form to:

Donna Ellis  
16 S. Lakeshore Drive  
Whispering Pines, NC 28327  
Email: donna@ellisdesigngroup.net  
Phone: 610-764-8133

**Applications must be received by February 15, 2019.**