

2019/2020 Player Development Program – Player Application

I am applying for a specific tourYN	Name of tour:		
Name:	Age as of January	1, 2020:	_ Birth Date:
Address:			
City:		State:	Zip:
Cell:Home Ph	one:Em	ail:	
I am an APA Member in good standing Y	N APA Club:		Rating
Please use the back of this form for addi Explain why you should be considered			
List why you are the right person to rep	resent the APA, and any intern	ational experi	ence you have:
List Club and personal reference (name	e and phone number):		
List your experience with promoting pol	ocrosse or helping with the AP	A or your club):
I understand that participation with any to representing my sport, my association, a to attend practices and a try out, should provide 2 fit horses for me and others to direction of my coaches and managers for Code of Conduct and any specific condu	and my country to the best of m there be one. I will also be requ ride during practices, try outs, or the good of my team on any	y ability. I und lired to raise to or tours. I agr trip or tour. I	lerstand that I will be required funds for my team and to ee to submit myself to the agree to abide by the APA
I also understand that my coaches and rout if my behavior is not acceptable to the home will be promptly reimbursed by me	em. Any additional costs incurr		
By signing this application, I agree to the	e listed terms of this contract.		
Applicant signature:			Date:
For players under 18- please fill out below			
Parent Name:	Cell:		Email:
Parent's Signature:			Date: