



2020 Player Development Program – Player Application

Name: _____ Age as of January 1, 2020: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home Phone: _____ Email: _____

I am an APA Member in good standing Y N APA Club: _____ Rating _____

Personal Reference (name and phone number): _____

Please use the back of this form for additional information

Explain why you should be considered for a team/tour and why you're the right person to represent the APA:
Provide a brief summary of your background in riding and polocrosse:
List any international experience you have:
List your experience with promoting polocrosse/helping with the APA or your club:

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: _____

For players under 18- please fill out below:

Parent Name: _____

Cell: _____ Email: _____

Parent's Signature: _____ Date: _____