



## Player Development Program - Player Application

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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, include any international experience you may have:

List your experience with promoting polocrosse/helping with the APA or your club...how will being on this team/tour impact your role in the polocrosse community:

Are you applying for a specific tour? If yes, list the tour(s). If not, provide your interests (what established tours you would be interested in / what tour would you like to see established / etc):

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 meet any requirements set in place by the coach and/or selection committee. 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: \_\_\_\_\_

Return completed application form and signed Code of Conduct + Alcohol Policy to:

Kate Lahr - PO Box 128 Robbins, NC 27325

Email: [kelahr58@gmail.com](mailto:kelahr58@gmail.com)