

2010 SOUTH COUNTRY TEAM PENNING ASSOCIATION (SCTPA)
and CANADIAN RENEWAL MEMBERSHIP APPLICATION

Membership due: January 1, 2010

Name: _____

Address: _____

City & Prov: _____ Postal Code: _____

Phone #: _____ Phone # to appear on website _____

E-Mail: _____

Previous CTCPA Rating: _____ What rating do you think you are? _____

Birth Date: _____

If you are a former member of the SCTPA the completion of the classification form is no longer necessary. New members must also complete a classification form.

Release and Waiver

I, the under signed, acknowledge that competition through the South Country Team Penning Association involves an inherent risk of injury and accordingly, I hereby release the South Country Team Penning Association and its officers, members, agents, employees, representatives and any and all of them, from all claims, demands, actions or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of me, my heirs, representatives or dependents, including any loss of property, animate or inanimate, belonging to me or used by me and I hereby assume and accept the full risk of all danger or any hurt, injury, or damages which may occur through or by any reason of any matter, thing or condition, negligence or default of any person, during my involvement in this activity.

This organization is committed to the protection of the privacy of its members' personal information. "Personal Information" includes a member's name, phone number, rating, dollars earned, points earned, photographs, video and print references. Such personal information may be disclosed on the CTCPA website or CTCPA-affiliated web sites. All or some of this information may also be used for promotional purposes, as well being released to newspapers, radio and television stations, magazines and through press releases.

By becoming a member of this organization I consent to the collection, use and disclosure of the foregoing personal information as set out above.

Members Signature: _____

(after having read the above "Release and Waiver")

Parent/Guardian Signature: _____

(after having read the above "Release and Waiver")

On Behalf of: _____ Age: _____

Date: _____

We will not release, post or distribute other personal information such as your address, email address, age, birth date, banking information, credit card information or any other personal information other than that referred to in the above consent.

*PLEASE NOTE: If you are sending in a Family Membership – each member of the family must fill out this Form and sign the Release and Waiver contained therein

MEMBERSHIP FEES: Please indicate the type of membership being applied for and if you desire a subscription to "The Western Horse Review"

		Fee		Number		Total
South Country Fees	Family	\$250.00	*	_____	=	_____
	Adult	\$100.00	*	_____	=	_____
	Sr. Youth (13-16 yrs old)	\$0.00	*	_____	=	_____
	Jr. Youth (12 yrs and under)	\$0.00	*	_____	=	_____
	Insurance (per person)	\$15.00		_____		_____
CTCPA Fees	Adult	\$40.00	*	_____	=	_____
	Sr. Youth (13-16 yrs old)	\$10.00	*	_____	=	_____
	Jr. Youth (12 yrs and under)	\$0.00	*	_____	=	_____

Youth Must Indicate Age as Of January 1, 2010 _____

Total: _____

CTCPA # #8662 84342 RT0001)

ONLY ONE CHEQUE IS REQUIRED FOR ALL ABOVE FEES, MADE PAYABLE TO: S.C.T.P.A

Submit Form to:

S.C.T.P.A.
 c/o Anna Dunz
 Box 67,
 Purple Springs, AB. T0K 1X0