

**South Country Team Penning Association &
Canadian Team Cattle Penning Association
Membership Application/Renewal**



Name	Current CTCPA Rating :	
	Date Of Birth (yy/mm/dd) :	
Address		
Email Address:		
Phone		

RELEASE AND WAIVER:

I, the undersigned, acknowledge that competition through the SCTPA involves an inherent risk of injury and accordingly, I hereby release the SCTPA and its Officers, Members, Agents, Employees, Representatives and any and all of them from 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 favour of me, my heirs, representatives or dependents, including any loss of property, animate or inanimate, belonging to me or used by me. I further 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" is information about an identifiable individual, or information that can be used collectively to identify an individual. SCTPA will not release, post or distribute personal information such as your address, age, birth date, banking information, credit card information or any other personal information other than that specifically mentioned. SCTPA may on occasion may use personal information for contacting you for events, member participation, and for promotional purposes that may include but is not limited to, newspaper articles, radio, television, magazines, website promos and press releases.

I consent to the collection, use and disclosure of my personal information for the purposes set out above for the term of my membership with SCTPA.

Dated this _____ day of _____, 20_____

Signature (Parent/Guardian where applicable) after having read the above Release and Waiver

Every individual (parent, child, and member) must complete and sign this form

Membership Fees: Please indicate which type of membership

South Country Fees:	FAMILY (Inc. 2 adults and any youth under 18)	\$250.00 _____
	ADULT	\$100.00 _____
	STUDENT	\$ 50.00 _____
	PEN SPONSOR	\$300.00 _____
	NUMBER SPONSOR	\$500.00 _____

All members MUST have an AEF Insurance– see www.albertaequestrian.com to obtain a form and apply.

AEF #* _____

CTCPA Fees	ADULT	\$40.00 _____
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*Age must be as of January 1 of this calendar year	Sr. YOUTH (13-16yrs)	\$10.00 _____
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*Age must be as of January 1 of this calendar year	Jr. YOUTH (12&under)	Free _____
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TOTAL: \$ _____

Only one cheque is required for all above fees, made payable to SCTPA NO CASH PLEASE

Form can be submitted:

FORM and e-transfers email to sctpa.entries@gmail.com

by mail to: SCTPA Treasurer, Box 22049, Lethbridge, AB, T1K 6X5