PORT COLBORNE SADDLE CLUB INC.

Annual Membership Application (revised 2012)

NAME: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

TELEPHONE: _____ **Work or Cell#** _____**(if possible)**

Email Address: _____

MEMBERSHIP FEES: CIRCLE ONE

BEFORE MAY 1ST 2012: **Family - $15.00 - Single - $10.00**

MAY 1st 2012 LATE FEE ADDED: **Family - $20.00 - Single - $15.00**

PLEASE MAKE CHEQUE OR MONEY ORDERS PAYABLE TO: **Port Colborne Saddle Club Inc.**
C/O Cathy Wickabrod
2101 Creek Rd
Niagara on the Lake, Ont. L0S 1J0

I am familiar with the risk of injury and death that any participant in this activity must assume. I believe that I am physically, emotionally and mentally able to participate and my equipment is mechanically fit for my use in these activities. I also understand that all applicable rules for participation must be followed and that at all time the sole responsibility for personal safety remains with me.

I understand that conduct of all persons present at Port Colborne Saddle Club Inc. events shall be orderly, (no alcohol allowed on public park), responsible, sportsmanlike, and humane in the treatment of horses. The Show Manager has the presence to take disciplinary action (including removal from the event) to anybody that does not apply to the rules and regulations of the Port Colborne Saddle Club and the City of Port Colborne. In addition, if I am requested to leave event by organizers/management, I agree to do so immediately and will receive a refund of unused fees paid.

I agree to read the club rules that are on the PCSC Website and also check the website for changes and updates (eg. Cancellations, changes in sites on account of weather)

If applicant is a minor: **Name and Date of Birth:** _____

Name and Date of Birth: _____

As Parent/Guardian of the above noted applicant I have read and understand all of the above and agree to allow my child to participate in all activities.

_____	_____	_____
Signature of Parent/Guardian	**Print Name**	**Date**
_____	_____	_____
Signature of Participant	**Print Name**	**Date**