



PORT COLBORNESADDLE CLUB INC.

Annual Membership Application (revised 2009)

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

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

Email Address: _____

MEMBERSHIP FEES: **Family - \$15.00** **Single - \$10.00** **(just circle)**

MAIL TO: Port Colborne Saddle Club Inc,

C/O: Mrs. Diane Iffody (Treasurer), 77 Balmoral Ave., Welland Ont., L3B 1S5

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.

Included in my membership I will receive club rules, which I agree to read, understand and abide by. I will also receive a newsletter either by mail or by email.

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.

Parent/Guardian Signature

Print Name

Date