

PACIFIC COAST TEAM PENNERS ASSOCIATION (PCTPA)

MEMBERSHIP FORM

| | |
|--------------|------------------|
| YEAR: | 2016-2017 |
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| | | | |
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| PERSONAL INFORMATION | | | |
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| | | | |
|--------------|--|-------------|-------------------------------|
| Name: | | Age: | Previous PCTPA Rating: |
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| | |
|-----------------|--|
| Address: | |
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| City: | |
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| Province: | | Postal Code: | |
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| | |
|-------------------|--|
| Telephone: | |
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|--------------|--|--------------|--|
| Home: | | Cell: | |
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| E-Mail: | |
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| <p style="font-size: small; margin: 0;">Each member will receive one team jacket included with your 2016/2017 membership. Please indicate the size of jacket you would like. Extra jackets can be purchased for \$100.</p> | |
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| ADDITIONAL FAMILY MEMBERS: | | | |
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|--------------|--|--|--|
| Name: | | | |
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|--|----------------|-------------|----------------------|
| | E-Mail: | Age: | PCTPA Rating: |
|--|----------------|-------------|----------------------|

| | | | |
|--------------|--|--|--|
| Name: | | | |
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| | | | |
|--|----------------|-------------|----------------------|
| | E-Mail: | Age: | PCTPA Rating: |
|--|----------------|-------------|----------------------|

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| EMERGENCY CONTACT: | | | |
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| | | | |
|--------------|--|--|--|
| Name: | | | |
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| | | | |
|-------------------|--|--|--|
| Telephone: | | | |
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|---------------------|--|--|--|
| Relationship | | | |
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NOTE: ALL FAMILY MEMBERS 19 YEARS OR OLDER MUST SIGN AT BOTTOM

PACIFIC COAST TEAM PENNERS ASSOCIATION (PCTPA)

MEMBERSHIP FORM

| HORSE COUNCIL BRITISH COLUMBIA: | |
|---|--|
| Current membership in Horse Council British Columbia (HCBC) is mandatory for all PCTPA members; provide membership number(s): | |
| Family Membership # | |
| Individual Membership # | |
| Individual Membership # | |
| Individual Membership # | |

| PCTPA - MEMBERSHIP FEES | | | | | |
|---|---------|---|------|---|-----------|
| | FEE | | # OF | | TOTAL |
| Adult | \$60.00 | x | | = | \$ |
| Youth (16 Years & Under as of January 1 st) | \$40.00 | x | | = | \$ |
| TOTAL FEES DUE | | | | | \$ |

RELEASE AND WAIVER

I, the undersigned, acknowledge that competition through the Pacific Coast Team Penners Association involves an inherent risk of injury and accordingly, I hereby release the Pacific Coast Team Penners Association and its officers, members, agents, employees, representatives and any and all of them, from any and 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 any and 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.

PERSONAL INFORMATION PROTECTION ACT PROVISIONS

This organization is committed to the protection of the privacy of its members' personal information. "Personal Information" includes a member's name, address, telephone numbers, dollars earned, points earned, photographs, video and print references. Such personal information may be disclosed on a PCTPA website or affiliated websites, newsletters, flyers and/or calendars. All or some of this information may also be used for promotional purposes, as well being released to newspapers, radio and television stations, and 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.

x _____ Date: _____

x _____ Date: _____
Signature(s) of Adults

x _____ Date: _____
Signature of Guardian (required for all applicants under the age of 19 Years)

NOTE: *It is mandatory that members 18 Years and under use a helmet if required by the facility (HOST) at which a PCTPA event is held; The Safety Equipment Acknowledgement and Release Form is no longer available.*

| For Office Use Only: | | |
|----------------------|-------|---|
| Membership Fee Paid | Date: | <input type="checkbox"/> cash / <input type="checkbox"/> cheque # |