

Amount paid \$ _____

Cash: Yes No

Check # _____

Date: _____

APPLICATION FOR MEMBERSHIP
WICKENBURG SADDLE CLUB

In accepting my entry/application, I hereby release the club, their officers, members and my sponsor from any claim or right for damages which may occur to me or my horse. I also assume full responsibility for any damages done by me or my horse.

In consideration of the agreement of the Wickenburg Saddle Club to permit me to utilize their facilities I do hereby for myself, my heirs, personal representatives and assigns, absolve, release and discharge the Wickenburg Saddle Club from any and all claims, demands and causes of action for injuries which I may receive by reason of any equine, regardless of whether such injuries may occur while I am off or on such equine.

Dated at Wickenburg, AZ this
____ Day of _____, 20____

Signature of Individual rider, parent or guardian

Wickenburg Saddle Club Medical Emergency Form

If emergency involving medical action or treatment is required and neither of the parents or guardians can be contacted, I hereby consent for the Wickenburg Saddle Club member named below to be given medical care by the doctor selected by the WSC personnel in charge.

Club member (s) names: _____

Parent or Guardian Signature _____

Family Physician _____ Phone # _____

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Applicant Information

*****Please Print*****

Parents or Guardian: _____
(FULL NAMES PLEASE)

MAILING ADDRESS: _____

Please mark your preferred method of communication:

Home Phone: _____ Cell Phone: _____ Text
 Work Phone: _____ Email: _____

**Most Club communication is by email – Newsletters and information you will need – if you don't use email please make sure you let the Secretary know.

Club Member NAME	Club Member Last Name	AGE	DATE OF BIRTH	HORSE NAME	HORSE COLOR

Do you own your own horses? NO YES