

Wickenburg Saddle Club
Wickenburgsaddleclub.com
Wickenburgsaddleclub13@hotmail.com

PO Box 945
Wickenburg, AZ 85358

325 E Saddle Club Trail
Wickenburg, AZ 85390

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.

Applicant Information

Parents/Guardians: (First & Last Names) _____

Mailing Address: _____

Physical Address: _____

Phone: (required) _____

Email: (required) _____

****Main form of communication is email. Notices of important information and club schedules. If you do not have an email address, please let the secretary know so you can be added to a text group****

Name (first & Last): _____

Age as of January 1: _____ Birthday: _____

Horse Name: _____ Color: _____

Name (first & Last): _____

Age as of January 1: _____ Birthday: _____

Horse Name: _____ Color: _____

Name (first & Last): _____

Age as of January 1: _____ Birthday: _____

Horse Name: _____ Color: _____ Age: _____

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Membership Family Fee: \$80 Returning Family Fee: \$75 Single Member (adult) Fee: \$25

Amount paid \$ _____ Cash: Yes No
Check # _____ Date: _____

Parent/Guardian Signature: _____
Date: _____

Emergency Contact

Name: _____ Phone: _____
Relationship: _____

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.

Family Physician _____ Phone # _____

POINT SECRETARY RECORDS

Application Date: _____ Amount Paid: _____ Check# _____ Cash: Y N

Family Name (Last Name): _____

Adults First & Last Name: _____

Rider & Horse Combination Names: _____

Horse Change Request Date: _____

Horse Change Approval Date: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____