

# Horseshoe Ontario Membership Form

# 2018

First Name		Last Name		Membership No.	
Male <input type="checkbox"/>	Birthday (DD/MM/YY)	Club Affiliation	Phone Number		
Female <input type="checkbox"/>			(     )		
Street			City		Postal Code
Email Address:			Pitching Distance (Please circle one) 30 feet     40 feet		

**Adult Membership is \$10.00 for the 1st year and \$25.00 for following years**  
**Junior Membership fee is \$1.00 a year.**

Last year of membership \_\_\_\_\_

**PARTICIPANTS LIABILITY RELEASE** – In consideration of participating in such activity, I hereby waive, release and forever discharge Horseshoe Ontario Inc., all officers, employees, volunteers, agents servants of the afore stated organization, and all fellow participants of this event, for any and all action, cause of action, damage, loss or injury, which I may suffer as a consequence of participating in the Ontario Provincial Horseshoe pitching tournaments.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Witness \_\_\_\_\_

**PARTICIPANTS LIABILITY RELEASE FOR PARTICIPANTS OF MINORITY AGE** (under age 18 at time of registration)  
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above. I release to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs a provided above.

Parent/Guardian Signature \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Witness \_\_\_\_\_ Dated \_\_\_\_\_

Mail your Cheque or Money Order, payable to Horseshoe Ontario, (**no cash please**) along with the above Membership Form to:

Terrie Singbeil  
103 John Street E.,  
Waterloo, ON N2J 1G2

**Please complete this section and send it in with your membership application!!**

Do you wish to receive the Ontario Horseshoe Newsletter?  Yes  No

Would you like to receive a printed copy sent to you by mail?  Yes  No

I would be happy to print it myself from the Ontario Horseshoe Website  Yes  No

**Please completely fill out this form**

As a requirement of our insurance policy **ALL** members **MUST** have signed this waiver for 2018.

If you have not already done so, please sign it and forward it to:

Terrie Singbeil  
Membership Chairman, Horseshoe Ontario  
10 - 236 Louisa St.  
Kitchener, ON N2H 5M7