

# Horseshoe Ontario Participant Form

# 2025

First Name		Last Name		Participant #:	
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		

**For players who have never been participants of  
Horseshoe Ontario. You can purchase a 1 Year Ontario  
Horseshoe Participant for only \$10.00**

**Adult Participant fee is \$30.00 a year.  
18 & Under - Participant fee is \$5.00 a year.**

E TRANSFERS are now auto-deposit - No Question or Answer needed!  
EMAIL is same for ETRANSFERS: ontariohorseshoe22@gmail.com OR  
Please make cheque or money order payable to: Horseshoe Ontario  
(No Cash)

As a requirement of our insurance policy **ALL** participants **MUST** have signed this waiver for 2025.

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

Paul Hewitt - Participant Chairman, Horseshoe Ontario 278 Robinson St.,  
Collingwood, ON L9Y 3M3

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 provided above.

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

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

**Please completely fill out this form**