

# IRISH POLOCROSSE ASSOCIATION LIMITED

## YEARLY MEMBERSHIP APPLICATION FORM – 2018



(Please complete in block capitals)

Name:

Address:

Telephone:

Mobile:

Email:

Are you happy to be contacted by email rather than by Post?

Y/N

Club Name: \_\_\_\_\_

Date of Birth : \_\_\_ / \_\_\_ / \_\_\_

Please select the type of membership required:

Primary Junior U14 @ 01/01/2018	Under 16 U16 @ 01/01/2018	Adult (16+)	Associate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide emergency contact names and number:

NAME	CONTACT NUMBER
<input type="text"/>	<input type="text"/>
NAME	CONTACT NUMBER
<input type="text"/>	<input type="text"/>

### RELEASE, WAIVER AND INDEMNITY AGREEMENT

Agree Y/N

I hereby acknowledge and understand that horseback riding, in particular polocrosse games and training and the handling of horses and ponies, are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify IPA, and hold harmless all members of IRISH POLOCROSSE ASSOCIATION LIMITED, the owner of any horse I may ride and the owner and operator of the establishment where the riding activities take place, from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while taking horseback riding instruction, polocrosse training or games, handling, or being near horses or ponies. This shall include all losses, damages, costs, and legal fees that may occur as a result of injury, and related claims by any parties. I understand that risks are involved in riding, handling, or being near horses and ponies, and by signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

I also will follow instructions and directions of the Coaches or persons in charge and agree to be a member of the IRISH POLOCROSSE ASSOCIATION LIMITED and abide by the rules as stated in the current approved published 'I.P.A. Players Handbook'.

### DATA PROTECTION RIGHTS, 1988-2003

Agree Y/N

I consent to the Irish Polocrosse Association obtaining, recording, holding and retaining my personal data solely for Association purposes either on its computer, the computer of any of the Officers for the time being or in its manual filing system, and consent to the use of all such data, including its disclosure to third parties for the proper and effective management of the Association.

Y/N

I confirm that I have read and agree with the Sport Council's code of ethics and the IPA's Code of conducts

By signing below I apply to become a member of the Irish Polocrosse Association Limited (a company limited by guarantee).

Signed

Dated

For U18 and Primary Juniors, this form must also be signed by a parent/guardian

Signed Parent/Guardian

Dated

- That any person who pays a subscription amount to the IPA, regardless of age, is considered a Member and as such a Club, as defined in the Memorandum & Article of Association, is entitled to include all such persons during Club membership head count.
- Any member whose annual subscription is in arrears on 31st May are still a member but will not be permitted to participate in or may be excluded from IPA activities/tournaments etc. until the arrears are paid.
- Any member whose subscription is in arrears on 31st of October (end of playing season) shall be deemed to have resigned his/her membership.
- Any member(s), under 18 years of age, are not entitled to vote at Annual or Extraordinary General Meetings of the Company (IPA).