



Bucks County Polocrosse Club

2011 Membership Form

Please complete clearly below:

Please complete clearly below and send with check to:

Donna Ellis
360 Wilmington Pike
Glen Mills, PA 19342

(All information will be sent to first name that appears on form)

Amount Paid _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Home # _____ Cell # _____ Fax # _____

Player ____ Non-player ____ Email Address: _____

Emergency Contact: _____ Cell: _____ Phone: _____

Insurance company: _____ Insurance # _____

Family Membership: (list spouse and/or children under 18 with Birth Date) _____

Name _____ age _____ email: _____ cell: _____

Name _____ age _____ email: _____ cell: _____

Name _____ age _____ email: _____ cell: _____

Name _____ age _____ email: _____ cell: _____

All memberships end on December 31st of each year; renewals are due by **March 1st**. After March 1st, there will be a \$10 penalty late fee for renewing members. This is to encourage early membership renewal and help the administrative process.

____ Renewal (late fee after March 1st) ____ New Member (no late fee) ____ Are you a Pony Club or 4-H Member?

____ Family	(child 18 yrs. not included) \$100.00	Yearly fees... <u>after March 1st membership \$110.00</u>
____ Individual\$60.00	Yearly fees... <u>after March 1st membership is \$70.00</u>
____ Sponsorship	(Newsletter and voting).....\$25.00	Yearly fees... <u>after March 1st membership is \$35.00</u>
____ Day Membership*	(Nonmember practice fee) \$15.00	Each Practice

*Day Memberships for select practices only. Please contact BCPC if you would like to attend a practice and are not a member to request it to be open to nonmembers at least one week ahead.

Additional contributions to BCPC funds: Amount _____

Make check out to Bucks County Polocrosse **If the check bounces you must pay the initial amount as well as a \$30 bank fee, and must pay dues and entries with a money order or certified check for the rest of the year**

NOTE: All horses (competition, extra, or umpire horses) must have a current coggins (within 1 year of the date of the function) with them at all times to participate in any practice, event or tournament.



Bucks County Polocrosse Club

Release of Liability

The undersigned states the following: I acknowledge that the game of Polocrosse involves inherent risks of personal injury to me personally, my horse, and damages to equipment and property. Knowing and understanding this, I still desire to participate in and attend BCPC sponsored events.

In consideration for my participation in and attendance to these events, I hereby, for myself, my heirs, executors and assigns, discharge and hold harmless; The Bucks County Polocrosse Club, its officers, directors, members and agents, and all other persons or organizations in any way connected with this event including, but not limited to properties, their owners and operators, their officers, directors, employees, agents, representatives, heirs, administrators and assigns, from any and all rights, claims or liability for damages from any and all claims of any kind of nature, that might arise out of my participation in any activity in any way connected with this event or taking place upon the grounds.

I further acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control.

I hereby certify that I am covered by medical, health and accident insurance and/or I am responsible for any costs I may incur for my own medical injuries.

By signing this release and waiver, I am assuming all risks of this activity in which I will be engaged and releasing all of the parties indicated above of any and all liability for their negligence of any description whatsoever. It is my intent to assume all risk and to waive and give up my rights (for myself and my heirs) to sue. And I do so knowingly and voluntarily.

Parent or Guardian Release and Waiver (Please list all minor members, in space below, whether player/non)

I am the parent/guardian of _____, a minor, and on the minor's behalf, and on the behalf of all other parents and guardians, I accept the release and waiver of liability above as an inducement for allowing my child to participate in polocrosse games, practices and related activities. I further authorize any emergency medical care which may be necessary.

Signature _____ Date _____

Code of Conduct

As a member club of the American Polocrosse Association (APA), and following the rules and regulations established by the APA, the Bucks County Polocrosse Club is proud of its reputation for good sportsmanship, horsemanship, teamwork and well-behaved members. Participants are expected to conduct themselves at all times in a manner which is in keeping with representing the BCPC and APA, and will not bring discredit upon the BCPC or APA. The BCPC expects appropriate behavior from all members, parents and others participating in any BCPC sponsored activity. Persistent irresponsibility, unsportsmanlike conduct or disrespectful behavior will not be tolerated, and will be dealt with following the guidelines set forth by the APA.

Inappropriate behavior includes, but is not limited to:

- Possession, use or distribution of any illegal drugs;
- Underage possession, use or distribution of alcohol;
- Excessive harassment;
- Failure to follow rules;
- Cheating; and
- Abusing a horse.

Participants will place horses' welfare above all other considerations. Animal abuse as identified by a doctor of veterinary medicine will not be tolerated.

Participants will respect the person and property of others, the rules established by BCPC, and obey all local, state and federal laws. Destruction of property, theft, or violation of local, state or federal laws will not be tolerated.

ENFORCEMENT:

The Bucks County Polocrosse Club, acting in good faith, may take such action as is necessary to prevent the inappropriate behavior from harming people or animals, or disrupting the activity to the detriment of other participants including, but not limited to suspending the participant from play or participation in event-related activities immediately.

I have read and agree to abide by the above.

Signature _____ Date _____

Send To:

Donna Ellis
360 Wilmington Pike
Glen Mills, PA 19342

Questions? Contact Cheri Brown, Bucks County Polocrosse Secretary at cherib610@aol.com