



Horseshoe Saskatchewan Membership Form

First Name: _____ Last Name: _____ Membership # _____
Male Birthday (DD/MM/YY) _____ Club Affiliation _____ Phone # _____
Female
Street _____ City _____ Postal Code _____
Email Address: _____ Pitching Distance: check one
30 ft 40 ft

Do you wish to receive the newsletter Yes No Last Year of Membership _____

Participants Liability Release- In consideration of participating in such activity, I hereby waive, release and forever discharge **Horseshoe Saskatchewan**, employees, volunteers, agents servants of the a fore 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 **Saskatchewan** Horseshoe Pitching tournaments.

Signed: _____ Date: _____

Witness: _____

Participants Liability Release for Participants of Minor Age (under 18 at the 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 minor child's involvement or participation in these programs as provided above.

Parent/Guardian Signature: _____ Emergency Phone# _____

Witness: _____ Dated: _____

Note: The following is voluntary. The data will be used to identify success within our program and service areas. Please check one of the following that is most applicable to your Aboriginal ancestry:

- Status/Treaty
- Non-Status
- Métis
- Inuit

Mail to Denise Squires @ 41 Hoeschen Cres Saskatoon, SK S7J 2S9 or Email to squires_denise@hotmail.com