SASKATCHEWAN TEAM CATTLE PENNING ASSOCIATION
2012 MEMBERSHIP APPLICATION

NAME (s):_____/_____
Please Print **Last name** **First Name(s)**

ADDRESS: _____

CITY/PROV: _____POSTAL CODE: _____

PHONE:_____ E-MAIL: _____BIRTH DATE: _____

RELEASE AND WAIVER

I, the undersigned, acknowledge that competition through the Saskatchewan Team Cattle Penning Ass, involves an inherent risk of injury and accordingly, hereby release the Saskatchewan Team Cattle Penning Ass, and its officers, members, agents, employees, representatives, or any of them, from all claims, demands, action or cause of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, my heirs, representatives or dependents, on account of, or by property, animate or inanimate, belonging to me or used by me because of any matter, thing or condition, negligence or default, whatsoever, and I/We hereby assume and accept the full risk of danger or any hurt, injury or damage which may occur through or by any reason or any matter, thing or condition, negligence, or default, or any person whatsoever. Some or all of such information as members name, phone #, rating, points or dollars earned, photographs or video and print references may be disclosed on the STCPA or CTCPA or CTCPA affiliated sites. All or some of this information may also be used for promotional purposes, as well as being released to newspapers, radio and television stations, magazines and through press releases.

DATE: _____MEMBER'S SIGNATURE: _____ (after having read the above "Release and Waiver")

DATE: _____MEMBER'S SIGNATURE: _____ (after having read the above "Release and Waiver")
PARENT/GUARDIAN
SIGNATURE: _____on behalf of: _____DATE: _____
(After having read the above "Release and Waiver")

(Note: Everyone must fill out a STCPA membership form. Only NEW members with NO previous rating need to fill out a NEW MEMBER form) This form may be found on the STCPA website.

STCPA FEES:	**FAMILY**	**$54.00 _____**
	SINGLE	**$27.00 _____**
CTCPA FEES:	**ADULT**	**$40.00 _____**
	YOUTH - (16&under)	**$10.00 _____**
	YOUTH - (12&under free)	
		TOTAL $_____

Birth dates of all Youth – Name_____Birth date_____
Name _____Birth date_____

RETURN THE STCPA MEMBERSHIP FORM & NEW MEMBER FORM (if applicable) and ALL FEES (STCPA & CTCPA) TO: STCPA 95 - 3 Columbia Dr., Saskatoon, Sask. S7K 1E3