SASKATCHEWAN TEAM CATTLE PENNING ASSOCIATION
MEMBERSHIP APPLICATION

NAME:_____/_____
Please Print **Last** **First**

ADDRESS: _____

CITY/PROV: _____POSTAL CODE: _____ PH: _____

E-MAIL: _____BIRTH DATE: _____

RELEASE AND WAIVER

I, the undersigned, acknowledge that competition through the Saskatchewan Team Cattle Penning Association Inc, involves an inherent risk of injury and accordingly, hereby release the Saskatchewan Team Cattle Penning Association Inc, 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 or press releases.

DATE: _____

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

PARENT/GUARDIAN: _____on behalf of: _____
(after having read the above "Release and Waiver")

Note: Everyone must fill out an STCPA membership form. NEW members with NO previous rating will need to fill out a NEW MEMBER form.

STCPA ANNUAL FEES:	**FAMILY**		**$55.00** _____
	***AFTER MARCH 31**		**$70.00** _____
	SINGLE		**$35.00** _____
	***AFTER MARCH 31**		**$50.00** _____
CTCPA FEES:	**ADULT**		**$40.00** _____
	YOUTH - (16 & under)		**$10.00** _____
	YOUTH - (12 & under free)	**TOTAL**	$_____

PROVINCIAL FINALS SPONSORSHIP LEVY (Separate Post-dated Check) **$200.00**

TOTAL **$_____**

RETURN THE STCPA MEMBERSHIP FORM & NEW MEMBER FORM (if applicable) and ALL FEES (STCPA & CTCPA) to STCPA c/o Shirley Smith Box 633 BATTLEFORD, SASKATCHEWAN, S0M 0E0

*Late fee of $15 to be imposed on any renewing members after March 31.
This late fee will not apply to a brand new member.
Memberships must be paid prior to competing.