

# Irish Polocrosse Association Limited

Ver:01

Yearly Membership Application Form – 20\_\_\_\_\*

## USE BLOCK CAPITALS

|            |   |
|------------|---|
| Name:      |   |
| Address:   |   |
| Email:     | Are you happy to be contacted by email circle Y/N |
| Mobile:    |   |
| Telephone: |   |
| Club:      |   |

### Please select membership required:

\*Please insert year as stated above.

|                          |                  |   |                                   |                                       |
|--------------------------|------------------|---|-----------------------------------|---------------------------------------|
| <b>Associated member</b> | <b>Adult 21+</b> | <b>Under 21 U21 @ 01/01/____*</b><br><b>D.O.B: __/__/__</b> | <b>Under 18 U18 @ 01/01/____*</b> | <b>Primary JuniorU12@ 01/01/____*</b> |
|--------------------------|------------------|---|-----------------------------------|---------------------------------------|

### Please provide emergency contact details:

|              |                   |
|--------------|-------------------|
| <b>Name:</b> | <b>Contact #:</b> |
| <b>Name:</b> | <b>Contact #:</b> |

**Release, waiver and indemnity Agreement: Agree: Y/N \_\_\_\_\_**

I hereby acknowledge and understand that horseback riding, is a dangerous activity, 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, 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 will also 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.

**Sports Council's code of conduct and the IPA's code of conducts**

I confirm that I have read and agree with the Sports Council's code of conduct and the IPA's code of conducts. **Select Y/N**

I, Parent/Guardian named above have read and understand the Guidelines contained in Horse Sport Ireland Code of Ethics and Good Practice for Youth and Vulnerable Adults in our Sport and the IPA Use of Photographic and Film Equipment Guidelines (available on [www.polocrosseireland.com](http://www.polocrosseireland.com)) I/We hereby give permission for any photographic and/or film or TV footage taken of persons taking part in Irish Polocrosse Association activities to be used and published in any media and social media for editorial purposes, press information or advertising by or on behalf of The Irish Polocrosse Association and/or official sponsors of The Irish Polocrosse Association. I understand that The Irish Polocrosse Association will select photographs/footage for publication with care and respect for those shown in the images and will adhere strictly to the guidelines in the above policies. **Select Y/N**

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

|                 |              |
|-----------------|--------------|
| <b>Signed :</b> | <b>Date:</b> |
|-----------------|--------------|

**For U18, this form must also be signed by a parent/legal guardian.**

|                                |              |
|--------------------------------|--------------|
| <b>Signed parent/guardian:</b> | <b>Date:</b> |
|--------------------------------|--------------|

- That any person who pays a subscription amount to the IPA, regardless of age, is considered a member and as such a club is 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 1<sup>st</sup> of May is still a member but will not be permitted to participate in or may be excluded from IPA Activities/tournaments etc. until arrears are paid.
- Any member whose subscription is in arrears on 1<sup>st</sup> 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).