

EAHA YOUTH CLUB REGISTRATION FORM

2019 SHOW SEASON

Youth 1 Name: _____

Age (as of Jan. 1, 2019): _____ Date of Birth: _____

Youth 2 Name: _____

Age (as of Jan. 1, 2019): _____ Date of Birth: _____

Youth 3 Name: _____

Age (as of Jan. 1, 2019): _____ Date of Birth: _____

Address: _____

City: _____

Phone: _____ Email: _____

CONTACT PREFERENCE: EMAIL _____ REGULAR MAIL _____ PHONE _____

____ Photo Release. By checking here, I give permission for photos to be taken that may be shared publicly.

____ Size of T-shirt ____ Size of Hoodie ____ Size of Jacket (Sizes may be used for end of year awards)

WARNING: Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

The undersigned named below hereby agrees to forever hold the East Alabama Horseman's Association (EAHA) Youth Club, its officers, and members harmless from any injuries or damages which may be suffered by themselves or any minor participant of whom they are a parent, guardian or responsible party, as a result of their participation, with directly or indirectly in any activity sponsored by the EAHA Youth Club; and further, the undersigned indemnifies EAHA Youth Club, its officers, and members from all and any claims, actions, causes or other remedies of law or otherwise whatsoever may result from any injuries or damages suffered by said participants. The undersigned further agrees that they are responsible under all conditions stated herein for any minor guest brought by them to any EAHA Youth Club Activity.

Parent/Guardian Signature: _____

Date: _____ **Rules (attached) Received:** _____

NOTES: 1) If mailed, membership is effective date of postmark. 2) Returned checks and all appropriate fees must be paid within 7 days of notice or membership is null and new membership is effective date of cash received.

Annual Membership dues _____ **x \$10= \$** _____

Office Use Only

Dues Paid By: _____

Date Received : ____/____/____

Check # _____ Cash- Rec'd By: _____

Mail to: EAHA Youth Club, 300 Emerald Valley Place, Sylacauga, AL 35151