

Horseshoe Ontario Membership Form

2024

First Name		Last Name		Membership No.	
Male <input type="checkbox"/>	Birthday (DD/MM/YY)	Club Affiliation		Phone Number ()	
Female <input type="checkbox"/>					
Street			City		Postal Code
Email Address:				Pitching Distance (Please circle one) 30 feet 40 feet	

For players who have never been members of Horseshoe Ontario. You can purchase a 1 Year Ontario Horseshoe Membership for only \$10.00

Adult Membership fee is \$30.00 a year.

Junior Membership fee is \$2.00 a year. (18 and under)

Make Cheque or Money Order payable to Horseshoe Ontario (No Cash)

NEW: E TRANSFER also available for payments to HORSESHOE ONTARIO

EMAIL: ontariohorseshoe22@gmail.com:

Question to use: What sport do we play? **Answer:** horseshoes

As a requirement of our insurance policy **ALL** members **MUST** have signed this waiver for 2024.

If you have not already done so, please sign it and forward it to:

Paul Hewitt - Membership Chairman, Horseshoe Ontario
278 Robinson St., Collingwood, ON L9Y 3M3

Last year of membership _____

PARTICIPANTS LIABILITY RELEASE – In consideration of participating in such activity, I hereby waive, release and forever discharge Horseshoe Ontario Inc., all officers, employees, volunteers, agents servants of the afore 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 the Ontario Provincial Horseshoe pitching tournaments.

Signed _____ Dated _____

Witness _____

PARTICIPANTS LIABILITY RELEASE FOR PARTICIPANTS OF MINORITY AGE (under age 18 at 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 my minor child's involvement or participation in these programs as provided above.

Parent/Guardian Signature _____ Emergency Phone # _____

Witness _____ Dated _____

Please completely fill out this form