

**2022 Pee Wee MEMBERSHIP APPLICATION**

**PLEASE NOTE: Due to insurance regulations, “No children under the age of 4 will participate in any of The Ontario Barrel Racing Association's events, including, but not limited to, Pee Wee events”. Therefore, children 4 years of age and above participating in Pee Wee only shall fill out and pay $5.00 for a Pee Wee membership. The Pee Wee contestant will then receive a $5.00 cash gift the first event they participate in.**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LAST** **NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN’S and HORSE/PONY NAMES:**

BIRTHDAY (mm/dd/yyyy) \_\_/\_\_\_/\_\_\_\_\_ HORSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDAY (mm/dd/yyyy) \_\_/\_\_\_/\_\_\_\_ HORSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDAY (mm/dd/yyyy) \_\_/\_\_\_/\_\_\_\_\_ HORSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY** **PROVINCE**\_\_\_\_\_\_\_\_\_\_\_\_ **POSTAL CODE\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE** (\_\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_ **E-MAIL\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In case of show cancellation CELL PHONE or Alternative (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

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***NOTE:*** *MEMBERS OVER THE AGE OF* ***18*** *ARE REQUIRED TO HAVE THEIR OWN MEMBERSHIP*

PLEASE MAKE CHEQUES PAYABLE TO **OBRA** & MAIL ALL MEMBERSHIP APPLICATIONS TO:

**Jennifer Fuerth, 1375 O'Brien Side Road, South Woodslee, Ontario, N0R 1V0**

Tel: (226)-348-0815 E-mail: bigoakfarms2014@gmail.com

I hereby apply for membership in the Ontario Barrel Racing Association, **I and/or my representatives or family have read and reviewed the rules and constitution of the association which are available on the OBRA website, & understand will abide by them. I further agree to assume full responsibility for my safety and that of my children, horses and property while at any OBRA approved show.**

I hereby release the Ontario Barrel Racing Association and/or its officers from any and all claims or damages arising from any accident, injury, loss or theft which is caused by or arises from the participation of the applicant or his or her family named herein, during any function or at any facility or location where an OBRA sanctioned activity is held.

I understand that OBRA does not carry personal liability insurance on behalf of competitors and therefore, I am responsible for obtaining such insurance. OBRA will make every possible effort to ensure the safety of involved persons, however, I understand that participating in any OBRA approved event is entirely voluntary and wholly at my/our risk. Should some condition arise that I consider being unsafe, I will immediately advise officials of said condition and if the condition is not rectified to my satisfaction, I will withdraw from further competition. There will be no refund of fees. `

Parent or Guardian’s Signature if under 19 years of age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Address if different from Youth’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information supplied on this form is considered confidential and will not be released without the expressed written direction of the above applicant.***