

ARCADIA YOUTH RODEO ASSOCIATION, INC.
124 Heard Street, Arcadia, Florida 34266
863-494-2014

2010-2011 SEASON MEMBERSHIP APPLICATION

MEMBER INFORMATION:

BACK TAG # ISSUED: _____

MEMBER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CEL #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

RODEO EVENTS: _____

PARENT/GUARDIAN INFORMATION:

PARENT(S)/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____ CEL PHONE: _____

E-MAIL ADDRESS: _____

SIBLINGS: _____

PARENT/GUARDIAN APPROVAL OF MEMBERSHIP:

SIGNED: _____ DATE: _____

Parent/Guardian Signature

A.Y.R.A. Dues: Individual - \$25.00 Family - \$50.00
Individual/Non-Compete - \$10.00 50/50 Raffle Tickets: \$50.00

(Raffle tickets fee is a "per-family" charge, due and payable to the AYRA no later than the February 19th, rodeo. Members who do not turn in raffle ticket fees are subject to losing earned points and being ineligible to receive points at later rodeo shows. Members choosing to sell more than 50 tickets will be eligible for prize drawings – 1st, 2nd, and 3rd places.)

Total Paid: _____ **Paid by:** CHECK # _____ / CASH **Date:** _____
(Please make your check(s) payable to Arcadia Youth Rodeo Association or AYRA)

By making application to join the Arcadia Youth Rodeo Association, Inc., Applicant agrees to participate in Arcadia Youth Rodeo Association, Inc. sanctioned events at Applicants own risk. Applicant knows and agrees that by his/her application on this form he/she completely releases the Arcadia Youth Rodeo Association, Inc. and the Arcadia All-Florida Championship Rodeo, their officers, director's representatives, employees and agents from any and all liability including negligence. Applicant voluntarily chooses to participate in Arcadia Youth Rodeo Association, Inc. sanctioned events and freely and willingly consents to same. Applicant further acknowledges that he/she has no absolute property or other right to participate in Arcadia Youth Rodeo Association, Inc. events. Applicant agrees to follow and be bound by the rules, regulations and guidelines of the Association as amended from time to time. Applicant agrees that his/her sole and exclusive remedy for any disputes is by appeal to the Arcadia Youth Rodeo Association, Inc. procedures, and agrees that all decisions of the officers and board of directors review group are final and conclusive.

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**2010-2011 SEASON FAMILY AND/OR NON-
CONTESTANT MEMBERSHIP APPLICATION**

I / We, _____
desire to become (a) non-contestant member(s) of the Arcadia Youth Rodeo Association. I / We
will abide by all Rules and Regulations of the Arcadia Youth Rodeo Association.

List all Immediate Family Members:

Please complete the following information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cel Phone: _____

SIGNED: _____ Date: _____

Parent/Guardian Signature

Individual Non-Contestant Membership Fee: \$10.00

Family Membership Fee: \$50.00

(Includes all family members: contestant and non-contestant. If minor children are contestant members, each contestant member will need to complete a separate membership application, medical release, and liability authorization.)