



Australasian Team Roping Association

363 Armidale Rd, Sth Grafton NSW 2460

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admin@teamroper.com.au

ABN: 94 620 859 177

2015/2016 MEMBERSHIP APPLICATION

NAME: DOB:/...../.....

POSTAL:

ADDRESS:

TOWN: STATE: CODE:

HOME PHONE: 9-5 CONTACT:

MOBILE: FAX:

EMAIL:

HEADER #: HEELER #: BREAKAWAY #:

MEMBERSHIP: SENIOR \$176 JUNIOR \$88 Associate Members \$66 10% FAMILY DISCOUNT
(cannot turn 18 between 1/7/15 – 30/6/16) (Non-competing member) (only immediate family members)

Note: Membership Fees include Personal Accident Insurance and are inclusive of GST.

Personal Accident Insurance provides cover for members participating at officially sanctioned ATRA events including travel to and from. This policy offers payments of benefits if an insured person dies, becomes disabled, or suffers from certain conditions as a result of an injury. Insurance cover is subject to the conditions of the policy.

Membership fees do not include Ambulance cover - ATRA strongly recommends that members take out Ambulance cover.

Number of Years Roping: Average Catches out of 10: Saddles won: Buckles won:

Do you compete in/have you ever competed in: Rope and Tie Steer Wrestling Breakaway Barrel Race

Do you ride or have you ridden in any other equestrian sport? Cutting Campdrafting Eventing

Western Pleasure Other.....

Temporary number assigned by fellow member: HEADER #: HEELER#:

Fellow member name:

I hereby state the above and following answers to be true. I will not hold the ATRA, any of its producers or sponsors responsible for any accidents to myself, my family, my equipment or any of my livestock when driving to, from or while at any ATRA events. I agree to abide by the rules of the Australasian Team Roping Association and each event producer as set out. I also understand that and agree that my image subsequently be used for publicity or promotional purposes or TV rights my name and/or pictures of me participating in this association without any obligation or liability from me. In making this Statement and Release, I further acknowledge that I am aware that equine events are dangerous sports and that serious injury can frequently occur. I understand that the ATRA endorses the guidelines of care for livestock as set out by the [National Consultative Committee on Animal Welfare \(2006\) for the Care and Treatment of Rodeo Livestock.](#) I further acknowledge that I have read this statement and understand its contents.

COMPETITOR SIGNED: DATE:

The following must be completed if applicant is a minor: I declare that I am one of the parents/legal guardians of the above named minor; that I have carefully read the foregoing Statement and Release, that I know the representations made are true; and that I agree to be bound by the terms of the Statement and Release both personally and as a representative of the interest of the minor.

PARENT/GUARDIAN SIGNED: DATE:
EMERGENCY CONTACT NUMBER: