



Australasian Team Roping Association

429 Peel Street, Tamworth NSW 2340

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ABN: 94 620 859 177

EVENT MEMBERSHIP APPLICATION

JACKPOT:..... DATE.....

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

POSTAL ADDRESS:

TOWN: STATE: CODE:

HOME PHONE: MOBILE:

EMAIL:

HEADER #: HEELER #:

EVENT MEMBERSHIP: SENIOR \$44 JUNIOR \$22 (cannot turn 18 between 1/7/18 – 30/6/19)

Event memberships are required to be paid at each event unless the competitor is already a full ATRA member. 1 jackpot/event may run over several days & would only require 1 Event Membership or promoters may choose to run 2 full jackpots/events on a weekend & therefore Event Membership would be required for each day. To be eligible to earn Regional & National Points & be awarded National Finals spots a competitor must be a FULL financial member at the time of the event.

Membership year is 1st July – 30th June

TEMPORARY NUMBER ASSIGNED BY FELLOW ROPER: HEADER #: HEELER#:

FELLOW ROPER NAME / ATRA MEMBERSHIP NO:

NUMBER OF YEARS ROPING: AVERAGE CATCHES OUT OF 10:

SADDLES WON: BUCKLES WON:

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:

EMERGENCY CONTACT NAME & NUMBER:

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: