



JACKPOT/EVENT MEMBERSHIP APPLICATION

JACKPOT/EVENT:..... DATE:.....

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

POSTAL ADDRESS:.....

.....

TOWN: STATE: POSTCODE:

HOME PHONE: MOBILE:

EMAIL:

HEADER #: HEELER #:

MEMBERSHIP NUMBER (If Previous Member):

- JACKPOT EVENT MEMBERSHIP: SENIOR \$44 2 DAYS \$88
 JUNIOR \$22 2 DAYS \$44
- CLINIC / SCHOOL MEMBERSHIP: SENIOR \$20 JUNIOR \$10 FAMILY \$50
- TRAINING / DEVELOPMENT DAY MEMBERHSIP: SENIOR \$20 JUNIOR \$10 FAMILY \$50
(Juniors cannot turn 18 between 1/7/22 – 30/6/23)

Jackpot memberships are required to be paid at each jackpot unless the competitor is already a full ATRA member.

1 jackpot/event may run over several days & would only require 1 Jackpot/Event Membership.

Promoters who run 2 separate jackpots on a weekend only 1 form is required with a 2-day payment.

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 jackpot.

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 and understand the rules of the Australasian Team Roping Association and each event producer as set out. I also understand that and agree that my image may 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: