



Australasian Team Roping Association

Po Box 1244, WARWICK QLD 4370

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ABN: 94 620 859 177

2012/2013 DAY MEMBERSHIP APPLICATION

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

POSTAL ADDRESS:

TOWN: STATE: CODE:

HOME PHONE: 9-5 CONTACT:

MOBILE: FAX:

EMAIL:

HEADER #: HEELER #: BOTH

DAY MEMBERSHIP: SENIOR \$20 JUNIOR \$10 (cannot turn 18 between 1/7/12 – 30/6/13)

Day memberships are required to be paid at each roping unless the competitor is a full member of the ATRA. Regional and national points are accumulative, though day memberships are not. To be eligible to compete at Regional or National Finals and receive trophies, a competitor must be a full financial member. 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:

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: