SUNNYSIDE SADDLE CLUB
P.O. Box 57
Bonita, CA 91908
ANNUAL MEMBERSHIP APPLICATION

Annual Dues: Single Membership $25.00 **Family Membership $30.00**

Please print first, middle and last name(s) below, enter date of birth & age if under 18 years of age.

Name _____ date of birth _____ age _____

Name _____ date of birth _____ age _____

Name _____ date of birth _____ age _____

Name _____ date of birth _____ age _____

Address_____ Phone ( ) _____

City, Apt. #, Zip _____

Email _____ (please print clearly)

_____ **I DO** authorize release of my phone number and address to other club members.
_____ **I DO NOT** authorize release of my phone number and address to other club members.

To qualify for year end awards, <u>each candidate</u> will (select one):

____ Complete 4 volunteer hours (or) ____ Pay $100.00 in lieu of hours

Amount Paid _____ Check # or Cash _____ Received By _____
(SSC officer please print name)

In case of emergency, person to contact _____ Phone_____

In case of emergency, doctor to contact _____ Phone_____

RELEASE WAIVER

That I hereby, for myself, my heirs, administrators and assigns, and family members release and discharge the above association, the city of Chula Vista on which events are held, and all directors and officers of the above listed association and their respective servants, agents, and all other participants of and from all claims, demands, actions and causes of action for all injuries sustained to my person that of my child, spouse, or charge and or property.

_____ _____ _____
Name (please print) Signature Date

My child has my permission to join the **SUNNYSIDE SADDLE CLUB** and to participate in the activities of the club with or without (circle one) a parent present.

_____ _____ _____
Name (please print) Signature Date

IMPORTANT: the above statement must be signed by a parent or guardian if the applicant is under 18.