

Membership Year: _____
MEMBERSHIP APPLICATION and PARTICIPANT LIABILITY RELEASE
NATIONAL HORSESHOE PITCHERS ASSOCIATION
and the OHIO CHARTER

NAME: _____

STREET ADDRESS/PO BOX: _____

CITY: _____, OHIO ZIP CODE: _____

DATE OF BIRTH: _____ COUNTY: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

NEW MEMBER: _____ / RENEWAL: _____ NHPA CARD NO: _____

MEMBER OF CLUB, IF ANY: _____

**Please send your application, check or money order along with a
self-addressed stamped envelope to the following address.**

Please make your checks payable to the OHPA.

_____ 1 YEAR NHPA ADULT SANCTION CARD - \$30.00

_____ 1 YEAR NHPA JUNIOR SANCTION CARD - \$5.00

PITCHING DISTANCE:

MALE 40 FT _____ 30 FT _____

FEMALE _____

JUNIOR 30 FT _____ CADET 20 FT _____ BOY _____ GIRL _____

**Mail to: OHPA
PO BOX 475
HILLIARD OH 43026**

Name: Amy Miller, Secretary/Treasurer
Phone: 614-507-2468
Email: ohpasecretary@mail.com

PARTICIPANT LIABILITY RELEASE

In consideration of participating in such activity, I hereby waive, release and forever discharge the National Horseshoe Pitchers Association, the Ohio Horseshoe Pitchers Association, all officers, employees, agents and servants or the aforementioned organizations and all fellow participants in any and all sanctioned leagues and sanctioned tournaments in Ohio for the year referenced above, for any and all action, causes of action, damage, loss or injury which I may suffer as a consequence of participation in any of these aforementioned sanctioned events.

ADULT SIGNATURE: _____ DATE: _____

ADULT SIGNATURE FOR JUNIOR/CADET: _____ DATE: _____