



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

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: _____

WHERE DO YOU PITCH (club/league)? _____

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

Check payable to the OHPA

_____ 1 YEAR NHPA ADULT SANCTION CARD - \$38.00 -- *effective 10/1/17*

_____ 1 YEAR NHPA JUNIOR SANCTION CARD - \$5.00

PITCHING DISTANCE (mark all that apply):

MEN: 40 FT _____; 30 FT _____ (recent move up date: _____); **WOMEN:** _____

JUNIOR: 30 FT _____; **CADET:** 20 FT _____; **BOY** _____; **GIRL** _____; **DOB:** _____

Payable to: OHPA
PO BOX 475
HILLIARD OH 43026

For More Info: **Amy Miller**, Secretary/Treasurer
 614-507-2468 / ohpasecretary@gmail.com
ohiohorseshoes.org / horseshoepitching.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:** _____