



Membership Year: \_\_\_\_\_

MEMBERSHIP APPLICATION and PARTICIPANT LIABILITY RELEASE  
OHIO HORSESHOE PITCHERS ASSOCIATION and the  
NATIONAL HORSESHOE PITCHERS ASSOCIATION

Name: \_\_\_\_\_ Last NHPA Card#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Is this a new address? [ ] Yes

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ League/Club: \_\_\_\_\_

How would you like to receive the Ohio Horseshoe Newsletter? Email \_\_\_\_\_ Mail \_\_\_\_\_

<p style="text-align: center;"><b><u>Your Membership Type:</u></b></p> <p>_____ <b>Full Member \$40.00/Jrs \$5.00:</b> Voting member with full privileges able to enter all sanctioned tournaments upon paying fees. (OHPA Fee \$15 / NHPA Fee-Adult \$25, Jr \$5)</p> <p>_____ <b><u>New Members only:</u></b></p> <p>_____ <b>Provisional Member \$10.00:</b> Must pay entry fees and can play in as many tournaments as you like for the year. (NHPA Fee \$10)</p> <p>_____ <b>Trial Member \$0.00:</b> Must pay entry fee and allowed only one (1) tournament.</p>	<p style="text-align: center;"><b><u>Your Division:</u></b></p> <p>_____ Men</p> <p>_____ Women</p> <p>_____ Medical Exempt</p> <p>_____ Cadet Boys</p> <p>_____ Cadet Girls</p> <p>_____ Elder Men</p> <p>_____ Elder Women</p> <p>_____ Junior Boys</p> <p>_____ Junior Girls</p>
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**Mail: Application, Check/Money Order**  
**\*Optional: Self-Addressed Stamped Envelope**

Dale Shelinbarger, Sec/Treas – 937-829-2217 (text)  
[ohpasecretary@gmail.com](mailto:ohpasecretary@gmail.com)

All Checks are Payable to:

**OHPA**  
**PO BOX 340052**  
**DAYTON OH 45434**

**Pay online with Paypal**  
[www.ohiohorseshoes.org](http://www.ohiohorseshoes.org)

**Pay online with eShoe**  
[www.horseshoepitching.com](http://www.horseshoepitching.com)

Thank you for supporting horseshoes!!

**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: \_\_\_\_\_