



## 2010 Membership Application

Please return to:  
Ellen May  
c/o Finger Lakes Equestrians  
2427 Center Rd  
Scipio Center, NY 13147

Please Check One: \_\_\_ Family \$20(all members must reside at the same address) **OR** \_\_\_ Single \$15

Riding Division: **Leadline:** 8yrs and younger (W) **Beginner:** 13yrs and older (W/T)  
**Walk/Jog:** 12yrs and younger (W/T) **Junior:** 14 - 18yrs (W/T/C)  
**Youth:** 13yrs and younger (W/T/C) **Senior:** 19yrs and older (W/T/C)

Rider Name: \_\_\_\_\_ Riding Division \_\_\_\_\_

Rider Name: \_\_\_\_\_ Riding Division \_\_\_\_\_

Rider Name: \_\_\_\_\_ Riding Division \_\_\_\_\_

Rider Name: \_\_\_\_\_ Riding Division \_\_\_\_\_

Rider Name: \_\_\_\_\_ Riding Division \_\_\_\_\_

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

\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email address: \_\_\_\_\_

### Medical Waiver Form for a child under 18:

I hereby authorize, in my absence, any necessary treatment for my child at the Finger Lakes Equestrians horse shows or activities. This includes but is not limited to first aid at the site, transportation to the hospital and permission for hospital/emergency personnel to treat my child until myself or another family member can be reached. Please understand that if necessary, transport will be provided by Trumansburg Ambulance to Cayuga Medical Center, Ithaca.

**Photo Release:** I give my permission for any pictures of myself or my child to be used by the Finger Lakes Equestrians.  
(initials) \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Serious Medical History: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Doctor & Phone #: \_\_\_\_\_

Name & # of another contact person: \_\_\_\_\_

Parent/Guardian Signature (required for children under 18yrs): \_\_\_\_\_