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Suburban Ranches Riding Club



P.O. Box 112 - Tomball, TX 77377 - (281) 351-5234

Date: _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

Husband's Employer: _____ Bus. Phone: _____

Wife's Employer: _____ Bus. Phone: _____

Unmarried Children:

_____ Age: _____ Birthdate: _____

_____ Age: _____ Birthdate: _____

_____ Age: _____ Birthdate: _____

_____ Age: _____ Birthdate: _____

Other clubs to which you belong: _____

Other hobbies: _____

Special interests or committees within SRRC upon which you would be interested in serving: _____

Physician: _____ Address: _____ Phone: _____

In an emergency, do you authorize SRRC to call your physician for you? ___Yes___No

Member Responsibilities

All adult members of the Suburban Ranches Riding Club will be required to work at least one (1) night per month for the duration of the club or their membership. If any adult member does not fulfill this responsibility, their dues will not be accepted and they will be dropped from the membership list. All membership matters are subject to review at any time by the Board of Directors of this club. Appropriate action will be taken at the Board's discretion.

Dues

Family membership dues are \$50.00 per family for the first calendar year, and receivable upon submission of membership application. Membership dues for subsequent years are then \$35.00, and are due on January 1st. of each year thereafter.

Release of Liability

We, the undersigned parents hereby jointly and severally release, relinquish and waive any and all claims against the club, it's members or owners of property for damages of any kind, whatsoever, which may occur to ourselves or any member of our family by reason of, arising out of, or in any manner connected with any injury including death, while engaged in any club activities and agree to indemnify and save harmless from all claims, demands, and suits for injuries sustained while engaged in any club activities, including court costs and attorneys' fees, if any.

Father Mother
Recommended by: _____ Date _____

Chairman of the Board

Board Member

Date of Approval

Date Paid _____ Amount \$ _____ By : _____ Cash or Check # _____