



MEMBERSHIP APPLICATION

Name: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

If family membership please list names and ages: _____

- New Member Renewal Individual \$45 Family \$65

Student/Junior - School: _____

CTOC is a non-profit, volunteer-run organization. If you would like to volunteer and help at our local meets or other aspects please let us know by selecting from the options below (select all that apply).

- | | | |
|--|--|---|
| <input type="checkbox"/> Event participation | <input type="checkbox"/> Writing | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Course setting | <input type="checkbox"/> Web site | <input type="checkbox"/> Helping at meets |
| <input type="checkbox"/> Field checking | <input type="checkbox"/> Club administration | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Event organization | <input type="checkbox"/> Publicity | _____ |

I, the undersigned, know that Orienteering, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks which, in combination with my actions, can cause me serious, or possibly even fatal injury. I agree that I, as a participant, must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not the organizers and officials of the orienteering event, the City of Trees Orienteering Club, the U.S. Orienteering Federation, the State of Idaho, the City of Boise, or any sponsors or landowners, are responsible for my safety while I participate in any orienteering event.

Signature: _____ Date: _____

Signature required for all participants (Parent if under 18).

Please make check payable to CTOC and mail payment and the completed application to:

CTOC
8570 W Atwater Dr.
Garden City, ID 83714