



Individual Player Form

Due February 1st or two weeks prior to your tournament, whichever comes first.
All requested information must be provided to meet the eligibility deadline.

One (1) form per player

I. CODE OF CONDUCT

All Intercollegiate/Interscholastic (I/I) participants shall conduct themselves in a manner that befits representation of their school and/or club as well as the United States Polo Association (USPA). There shall be no tobacco or drug use or alcohol consumption at any tournament host site. I/I participants shall adhere to the USPA's Code of Conduct as stated in the official USPA Rule Book.

1. Always respect the game and follow all USPA rules and tournament conditions.
2. Always respect your teammates, opponents and officials.
3. Always demonstrate good sportsmanship.
4. Always consider the welfare of the horses.
5. Always respect the club and club facilities.
6. Always compete without the use of drugs and/or alcohol.
7. Always compete to win.

Violating any USPA By-Laws, Rules or Policies and compromising the ideals of the USPA I/I Committee will subject the offenders to disciplinary action to be determined by the I/I Committee, National HTC, or its Representatives.

II. USPA SAFETY COMMITTEE HELMET REPORT 2003-2007 - TIM NICE, MD

The USPA provides data regarding helmets and facemasks for your information and consideration. The USPA makes no representation or warranty, express or implied, about the ultimate effectiveness of any item of protective gear and cautions participants that death, head, or face injury or other serious injury may result despite the use of such protective gear. It is the responsibility of each participant or his/her guardian, to select appropriate protective gear which is properly fitted and in good condition.

Helmets: In a study commissioned by the USPA, Wayne State University (WSU) tested various helmets to determine whether they met the "acceptable severity index" standards developed by a panel of experts under the guidance of the biomechanics laboratory at WSU. These studies and other safety information can be found on the USPA website <http://www.us-polo.org/safety.htm>.

Facemasks: The USPA safety committee study found that facial injuries comprise nineteen (19) percent of all injuries suffered by polo players and are the second most common type of bodily injury. Sixty-five (65) percent of the facial injuries occurred to players who did not wear facemasks. A stainless steel facemask may offer protection against a polo ball traveling at the speed of eighty-four (84) miles per hour when the facemask is no more than two and one half (2 1/2) inches from the helmet brim. The USPA is presently unaware of any injuries caused by the stainless steel facemasks, although such injuries may be possible. Please refer to the USPA website at <http://www.us-polo.org/safety.htm> for more facemask and eye goggle reports.

ACKNOWLEDGEMENT: I have read the information relative to helmets and facemasks and I understand that it is my responsibility to select appropriate protective safety gear. I understand that even helmets meeting the USPA/WSU standards and a facemask will not protect against all injuries, including those that are fatal, serious, or severe. I acknowledge that the USPA is providing this information to assist me in selecting protective gear but is making no recommendations, representation or warranties, express or implied, regarding any particular product or item of protective gear.

III. CONSENT AND RELEASE FROM LIABILITY CERTIFICATE

Student Acknowledgement and Release - To be completed and signed by the student

I have read the United States Polo Association (USPA) Tournament Conditions regarding Individual and Team Eligibility, the USPA Intercollegiate/Interscholastic (I/I) Code of Conduct and the USPA Safety Committee's Helmet and Facemask Acknowledgement and know of no reason why I am not eligible to participate in the USPA I/I Polo Program. If accepted by the USPA as a participant in the USPA I/I Polo Program, I agree to follow the USPA Rules as outlined in the current year Official USPA Rule Book and to abide by all of its decisions.

I know that my participation in the USPA I/I Polo Program is a privilege. I know of the risks involved in polo, understand that serious injury, and even death, is possible in such participation, and choose to accept all such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in the USPA I/I Polo Program, with full understanding of the risks involved. Should I be eighteen (18) years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless the USPA, The Polo Training Foundation and their officers, directors, governors, employees, representatives, agents, umpires, referees and member clubs (collectively, the "USPA Representatives"), from any and all responsibility and liability for any injury, claim or death resulting from participation in the USPA I/I Polo Program. I further agree to take no legal action against the USPA or the USPA Representatives because of any accident, mishap, injury or death involving my polo participation. I hereby authorize the use or disclosure of my individual health information should treatment for illness or injury become necessary.

I hereby grant the USPA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to scholastic enrollment and attendance, academic standing, age, discipline and physical fitness.

I authorize emergency medical treatment to be administered on me should the need arise for such treatment while I am participating in the USPA I/I Polo Program. I hereby give permission to transport me or arrange for my transport to a facility for medical treatment. I give my permission to the health care provider(s) to provide me with medical treatment, including hospitalization, anesthesia, surgery, or injections of medications. I further agree to be financially responsible for all charges incurred in connection with such treatment.

I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to the USPA. By doing so, however, I understand that I will no longer be eligible for participation in the USPA I/I Polo Program.

I HAVE READ THIS CAREFULLY, UNDERSTAND ALL OF ITS TERMS, AND KNOW IT CONTAINS A RELEASE.

Signature of Student _____ Date _____

Name of Student (print) _____ Male or Female (circle one) _____ Date of Birth _____ Grade _____

Print Team Name (School, Club, College, or University) _____ IC or IS _____ Men or Women / Open or Girls (circle one) (circle one)

Continued

Student's Email (optional) _____ Student's Telephone # (optional) _____

Student's Address _____ City _____ State _____ Zip _____

Print Name of Parent/Guardian _____ Home # _____ Work # _____ Cell # _____

Address of Parent/Guardian (if different from student) _____ City _____ State _____ Zip _____

Signature of Coach/Advisor/Chaperone Attending Tournament _____ Date _____

Print Name of Coach/Advisor/Chaperone Attending Tournament _____ Telephone # _____ Email Address _____

Parental/Guardian Consent, Acknowledgement and Release - To be completed and signed by all parents/guardians; where divorced or separated, the parent/guardian with legal custody must sign

I/we hereby give consent for my/our child/ward to participate in the USPA I/I Polo Program. I/we know of, and acknowledge that my/our child/ward knows of the risks involved in participation in the USPA I/I Polo Program, understand that serious injury, and even death, is possible in such participation and chose to accept any and all responsibility for his/her safety and welfare while participating in the USPA I/I Polo Program. With full understanding of the risks involved, I/we release and hold harmless the USPA, The Polo Training Foundation and their officers, directors, governors, employees, representatives, agents, umpires, referees and member clubs (collectively, the "USPA Representatives"), from any and all responsibility and liability for any injury, claim or death resulting from my/our child/ward's participation in the USPA Intercollegiate/Interscholastic polo programs and agree to take no legal action against the USPA or the USPA Representatives because of any accident, mishap, injury or death involving the polo participation of my/our child/ward. I/we further hereby authorize the use or disclosure of my/our child/ward's individual health information should treatment for illness or injury become necessary.

I/we hereby grant the USPA the right to review all records relevant to my/our child/ward's athletic eligibility including, but not limited to, my/our child/ward's records relating to scholastic enrollment and attendance, academic standing, age, discipline and physical fitness.

I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is participating in the USPA Intercollegiate/Interscholastic polo programs. In case of emergency, I/we understand that every reasonable effort will be made to contact us. In the event that the USPA or the USPA Representatives cannot reach me/us, I/we hereby give my/our permission to transport or arrange transport of my/our child/ward to a facility for medical treatment. Further, I/we give my/our permission to the health care provider(s) to render medical treatment, including hospitalization, anesthesia, surgery, or injections of medications for my/our child/ward. I/we further agree to be financially responsible for all charges incurred in connection with such treatment.

I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to the USPA. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in the USPA Intercollegiate/Interscholastic polo programs.

My/our child/ward is covered under my/our family health insurance plan, which has limits of not less than \$25,000.

I/WE HAVE READ THIS CAREFULLY, UNDERSTAND ALL OF ITS TERMS, AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (print) _____ Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (print) _____ Signature of Parent/Guardian _____ Date _____

IV. INDIVIDUAL ELIGIBILITY

To be completed and signed by an Official School Representative (i.e. Registrar, Academic Advisor, Principal, Guidance Counselor). Coaches, unless also a school official as referenced above, cannot certify to a player's eligibility. All information must be provided to meet eligibility deadline requirements.

I hereby certify that _____ (student's name) meets all academic eligibility requirements of this school/college including, but not limited to sufficient GPA, and is eligible to participate in team sports at this school/college. I agree to notify the individual and team coach or advisor immediately if the student subsequently becomes ineligible.

Authorized School/College Representative Signature _____ Date _____

Print Name of School/College Representative _____ Official Title of Occupation _____

Telephone # of School Representative _____ Email Address of School Representative _____

This form will remain in effect for the entire academic year, providing the team does not subsequently become ineligible. **It is the responsibility of the team and team coach/advisor to report changes in team eligibility status to the USPA immediately.**

Failure to report changes in eligibility could result in:

- 1) Suspension of the team for future games, for the entire season or for future seasons.
- 2) Forfeit of all games played while team was ineligible.
- 3) Additional penalties that may be imposed by the I/I Committee or National HTC.