



UNITED STATES POLO ASSOCIATION®

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www.uspolo.org Email: uspa@uspolo.org

The United States Polo Association® registration is from January 1 to December 31 of each year.

Registration Year: 20_____

| | | | |
|--------------------------------------|----------|---------------------------------------|---------|
| Registered Player Member Fee: | \$150.00 | | |
| Affiliate Player Member Fee: | \$150.00 | | |
| Junior Member Fee: | \$50.00 | Junior Member Upgrade Fee: | \$50.00 |
| Collegiate Member Fee: | \$50.00 | Collegiate Member Upgrade Fee: | \$50.00 |
| Associate Member Fee: | \$100.00 | Associate Member Upgrade Fee: | \$50.00 |

(The following are tax deductible contributions)

- PTF \$25.00
- Polo Museum & Hall of Fame: \$25.00
- AIPF \$25.00
- TOTAL AMOUNT ENCLOSED \$** _____

Type of Payment: (US Funds ONLY) Check # _____ Master Card Visa

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Card Holder's Name: _____ Phone Number: _____

REGISTRATION WILL NOT BE PROCESSED UNLESS ALL AREAS OF SECTION I ARE COMPLETED, TERMS AND CONDITIONS HAVE BEEN SIGNED, AND FULL PAYMENT IS INCLUDED.

SECTION I. APPLICANT'S INFORMATION *(Please print or type)*

NAME: First: _____ Middle: _____ Last: _____ Suffix: _____ Informal: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTRY:** _____

◇ Telephone (work): _____ ◇ Telephone (home): _____

◇ Telephone (cell): _____ ◇ Fax: _____

Please select one phone number for publication!

Email: _____ @ _____ Website: _____

GENDER: ◇ Female ◇ Male **BIRTHDATE:** ____________ **PRIMARY CLUB:** _____

CITIZENSHIP: ◇ U.S. ◇ OTHER _____

I can provide one of the following: ◇ U.S. Birth Certificate ◇ U.S. Passport ◇ Certificate of U.S. Citizenship

HAVE YOU EVER BEEN A MEMBER OF:

- a) The United States Polo Association: ◇ Yes ◇ No a) If yes, the Year: _____
b) Handicap Rating: Outdoor: _____ Arena: _____
- b) A Foreign Association: ◇ Yes ◇ No a) If yes, the Year: _____
b) Handicap Rating: Outdoor: _____ Arena: _____
c) Foreign Association: _____
- c) Highest Current World Handicap: a) Handicap Rating: Outdoor: _____ Arena: _____
b) From Which Country: _____

SIGNATURE OF THREE (3) USPA® MEMBERS WHO HAVE OBSERVED YOUR PLAY:

(New and Reinstated Members ONLY)

Name: 1. _____ 2. _____ 3. _____

| | | |
|--------------------------------|--------------------------------|--------------------------------|
| Recommended Handicap: | Recommended Handicap: | Recommended Handicap: |
| Outdoor: _____ Arena: _____ | Outdoor: _____ Arena: _____ | Outdoor: _____ Arena: _____ |

Signature: _____

Terms and Conditions

I AGREE:

- 1) To abide by the Constitution, By-Laws, Tournament Conditions and Rules of the USPA®, as published yearly in the USPA® Yearbook and as amended from time to time.
- 2) To pay the USPA® attorney's fees and costs in any matters arising out of or relating to my violations or non-compliance with the Constitution, By-Laws, Tournament Conditions and/or Rules of the USPA®.
- 3) To assume any risk with respect to my participation in any USPA® sanctioned activity, tournament or game (collectively, "USPA® Event") and to indemnify and hold harmless the sponsoring club and any other sponsor or member clubs of the USPA®; any charity or other beneficiary which may benefit from the USPA® Event; the USPA®; the owners, lessees or lessors of any premises where a USPA® Event may be held; and all directors, governors, officers, trustees, agents, employees, or servants of any of the above-named entities (collectively the "Indemnified Parties"), from any claim for any personal injury or property damage sustained by any person or entity, including, without limitation, all third parties, all other members, entrants, and any person performing services for any of the Indemnified Parties, arising out of my conduct.
- 4) To be responsible for any injury or damage caused by myself, my agents, employees and /or their mounts.

By signing this registration form and accepting the privileges of the USPA®, I acknowledge that I have read, understand, accept and agree to the terms and conditions set above.

Applicant's Signature: _____ Date: _____

If a Minor, Guardian's Signature: _____ Date: _____

- 1) Annual registration fees are payable to the USPA®. A portion of this fee includes a subscription to a USPA® publication for one year.
- 2) If you wish to opt out of the insurance benefits you must request this in writing and send it to:
Equisure, Inc. - 13790 E. Rice Place - Aurora, CO 80016
- 3) Registration fees to the USPA® are not deductible as a charitable contribution.

For USPA® use only!!

SECTION II USPA® CLUB DELEGATE

Recommended Handicap: Outdoor: _____ T Arena: _____ T

Delegate's Signature: _____ Date: _____

Emailed Faxed Mailed

Date: _____

To: _____

SECTION III USPA® CIRCUIT HANDICAP CHAIRMAN

Recommended Handicap: Outdoor: _____ T Arena: _____ T

Chairman's Signature: _____ Date: _____

Emailed Faxed Mailed

Date: _____

To: _____

SECTION IV USPA® NATIONAL HANDICAP CHAIRMAN

FINAL Handicap: Outdoor: _____ T Arena: _____ T

Chairman's Signature: _____ Date: _____

Emailed Faxed Mailed

Date: _____

To: _____

All New Members will automatically receive a "T" handicap rating, unless otherwise noted below.

If a "T" is not recommended, please explain why: _____

Delegate's Signature: _____ Date: _____

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Member's Name: _____

Member ID #: _____ Circuit: _____

Previous USPA® Member: No Yes If yes, Year: _____ Handicap: Outdoor: _____ Arena: _____

AM=Associate Member JM= Junior Member CM= Collegiate Member

Comments/Notes:

Revised 9/23/09