



2017 UNITED STATES POLO ASSOCIATION®
INTERCOLLEGIATE/INTERSCHOLASTIC MEMBER CLUB APPLICATION

9011 Lake Worth Rd. • Lake Worth, FL 33467 • Telephone: (800) 232-8772 • Fax: (888) 391-7410

Website: www.uspolo.org • Email: afrazer@uspolo.org



The United States Polo Association® (USPA®) membership year is from January 1 through December 31 of each year.

CLUB TYPE

College, University, Secondary School or Youth Program.....\$100

Club may select a non-voting Delegate who will receive all communications and publications of the Association. Colleges, Universities, Secondary Schools or Youth Programs may enter teams in Intercollegiate and Interscholastic competition but may not register players or recommend handicaps.

CLUB INFORMATION

Club Name: _____

Club Type (Check one):

Intercollegiate Club Interscholastic Club

Mailing Address: _____

City, State, Zip: _____

Country: _____

Facility Address (If different than mailing address):

Street: _____

City, State, Zip: _____

Type of Facilities (check all that apply)

Arena Polo Arena Riding Arena

Indoor Outdoor

Phone: _____

E-mail: _____

Colors: _____

REQUIRED INFORMATION

Attach the following required information with completed I/I Member Club Application.

Coach that meets I/I coaching requirements (see reverse side for requirements)

Access to horses/arena

Supporting documents required by the I/I Program:

A letter from the school verifying the club as a varsity sport, club sport or student organization*

On-campus Advisor name and contact information*

By-laws and Constitution

Club Budget

List of individual members (minimum three) wishing to join/transfer to proposed Club

* Only for programs affiliated with educational institutions

LEADERSHIP INFORMATION

*Coach: _____

*Delegate: _____

The Club Delegate is the representative for the club, who corresponds with the USPA regarding Club matters. (It is recommended that the Club Delegate be a non-student)

*President: _____

*Vice President: _____

*Secretary: _____

*Treasurer: _____

Manager: _____

Equine Welfare Representative: _____

* All officers must be current USPA® Members

SCHOOL INFORMATION

School Name: _____

School Advisor: _____

Advisor Phone: _____

Advisor Email: _____

* Only for programs affiliated with educational institutions

ADDITIONAL INFORMATION

Website: _____

Facebook: _____

Instagram: _____

Twitter: _____

CLUB MEMBERS (Three members required)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

* Attach a separate list if necessary

** If not previously a USPA® member email: membership@uspolo.org for a member application

I/I COACH REQUIREMENTS

1. Be a current USPA Member
2. Pass a yearly criminal background check: \$6.95
3. Complete the Centers for Disease Control and Prevention Heads Up Online Training: 30 minutes; Free
4. Complete United States Olympic Committee Safe Sport Online Training: 90 minutes; Free
5. Sign the USPA I/I Coaches Code of Conduct

* It is recommended that all coaches become a Certified Polo Instructor

<https://members.uspolo.org/coaches-requirements/>

USPA TERMS AND CONDITIONS

- 1) All USPA® Member Clubs must abide by the Constitution, By-Laws, Tournament Conditions, Rules and Policies of the USPA®, as published yearly in the USPA® Rulebook, and as amended from time to time.
- 2) The Association is a voluntary, private sporting organization. Membership in the Association is at-will and subject to the discretion of the Association at all times. Subject to the provisions of By-law 11, 15 and 16, a Member Club’s previously accepted membership or Member Club status may be suspended, revoked or terminated at any time by the Association where a Member Club acts in a manner that is deemed, in the sole and absolute discretion of the Association, to be inconsistent with, contrary to, or violate the Association’s Rules, By-Laws, Terms and Conditions of the Membership Application, Code of Conduct set forth in By-Law 4(b), or tournament conditions.
- 3) The names of USPA® National and Circuit events are Registered Trademarks of the United States Polo Association®. By membership in the USPA®, your club agrees not to use these names without having been awarded these events by your USPA® Circuit Governor and/or the USPA® Tournament Committee and approved by the USPA® Board of Governors.
- 4) USPA® clubs wishing to host National, Circuit or Sanctioned USPA® events, must produce a current certificate of insurance including participant’s liability of a minimum coverage of \$1,000,000.00 at the time they apply for the event. (USPA® Tournament Conditions Section IV paragraph E.)
- 5) All USPA® Member Clubs 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 its conduct.
- 6) All USPA® Member Clubs agree to be responsible for any injury or damage caused by themselves, their agents, employees and /or their mounts.
- 7) With prior notice, your Club agrees to allow access to your Club grounds to any USPA® representative for the purpose of facility inspection, animal welfare inspection or drug testing, or review of PDI expenditures.

REQUIRED SIGNATURES (Two Individuals Necessary)

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 as set forth.

Delegate’s Signature: _____ Date: _____

Coach’s Signature: _____ Date: _____

SUBMIT COMPLETE APPLICATION TO: AFRASER@USPOLO.ORG

PAYMENT SECTION

Total \$ _____	Type of Payment: (US Funds ONLY) <input type="checkbox"/> Check (made out to USPA®) # _____ <input type="checkbox"/> Credit Card
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Registration fees to the USPA® are not deductible as a charitable contribution.

To pay via credit card please submit this form and call the USPA® Office

FOR USPA USE ONLY

- Club has a Coach that meets I/I Coaching Requirements
- Access to horses and arena
- Club has 3+ Members
- Club Selected a Delegate
- By-Laws and Constitution
- Club Budget
- Letter from School verifying the club (Only for programs affiliated with educational institutions)
- Club has an on campus Advisor (Only for programs affiliated with educational institutions)
- Completed I/I USPA Club Application

I/I Committee Approval Date _____

USPA Services Employee Name: _____

Circuit Governor Approval Date _____

Club and Member Support Committee Approval Date _____

Executive Committee Approval Date _____

***Attach all electronic approvals to application**