



2018 UNITED STATES POLO ASSOCIATION® MEMBER CLUB APPLICATION

9011 Lake Worth Rd. • Lake Worth, FL 33467 • Phone: (800) 232-8772 • Fax: (888) 391-7410 • www.uspolo.org • uspa@uspolo.org

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

CLUB TYPE

- Active Member Club.....\$200
(Voting, club in the U.S., can host USPA events and recommend handicaps)
***Clubs will remain in Provisional (non-voting) Status until approved by the USPA® Board of Governors at the Spring or Fall Meeting.**
- Affiliate Member Club.....\$200
(Non-voting, foreign club, can host USPA events and recommend handicaps)
- Associate Member Club.....\$150
(Non-voting, foreign club, cannot host USPA events or recommend handicaps)
- College, University, Secondary School or Youth Program.....\$100

*For a full description of member club types please go to www.uspolo.org

CLUB INFORMATION

Club Name: _____

Mailing Address: _____

City, State, Zip: _____

Country: _____

Facility Address (If different than mailing address):

Street: _____

City, State, Zip: _____

Country: _____

What Facilities does your club have? Outdoor Arena

Phone: _____

E-mail: _____

LEADERSHIP INFORMATION

Delegate's Name: _____

Must be a Registered Player Member to be the Delegate of an Active Member Club

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Manager: _____

Equine Welfare Representative: _____

Delegate and officers must be current USPA® Members.

ADDITIONAL INFORMATION

Do you own or lease your facility? Own Lease

Which of the following is your club considered?

Sole Proprietorship Member owned Corporation

Which seasons does your club operate?

Spring Summer Fall Winter

Does your club have a polo school? Yes No

Instructor Name: _____

E-mail, Phone: _____

What outdoor goal level does your club play?

0 - 4 4 - 8 8 - 12

12 - 16 16 - 20 20+

Does your club host any of the following?

USPA Tournaments Intercollegiate/Interscholastic

Umpire Clinics National Youth Tournament Series

USPA Clinics Women's Polo

Does your club have horses available?

Yes, for lessons Yes, for leasing No

Does your club have on-site stabling for members? Yes No

Website: _____

Facebook: _____

Instagram: _____

Twitter: _____

Club Colors: _____

CLUB MEMBERS (Attach a separate list if necessary)

Registered Player Members

(3+ Registered Players Required for Active Member Club, 6+ required to come off provisional status)

1) _____

2) _____

3) _____

REQUIRED SUPPORTING DOCUMENTS (Please attach)

Copy of lease or proof of ownership, if you lease more than one facility, a copy of each lease will be required

Photographs of facility, fields, arena, barns, etc.

Club By-Laws, signed by Officers

Stated Intent/Purpose of Club

Certificate of Insurance (\$1,000,000 General Liability with participant legal liability) naming USPA®, its subsidiary & affiliated companies, directors, governors, officers, trustees, agents, employees, servants and volunteers as additional insureds

USPA TERMS AND CONDITIONS

- 1) All USPA® Member Clubs must abide by the USPA® Club Terms and Conditions (these “Terms and Conditions”) and 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 subject to the requirements of membership set forth in the Association’s governing documents, as in effect from time to time. Subject to the provisions of By-laws 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 in violation of any of these Terms and Conditions or any of 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 trademarks of the United States Polo Association®. USPA® trademark may only be used with the permission of the USPA®. Member Clubs may not to use the USPA® National and Circuit event names unless the Member Club has been awarded these events by its USPA® Circuit Governor and/or the USPA® Tournament Committee and approved by the USPA® Board of Governors.
- 4) USPA® Clubs must provide and maintain General Liability coverage (including liability coverage for club operations and participants in athletic or equine sports activities) with minimum limits of \$1,000,000.00 each occurrence and in the aggregate, and with United States Polo Association®, its subsidiary & affiliated companies, directors, governors, officers, trustees, agents, employees, servants and volunteers included as additional insureds. Each USPA® Club shall provide a certificate of insurance confirming compliance with these insurance requirements.
- 5) All USPA® Member Clubs assume any and all risks with respect to participation in any USPA® sanctioned activity, tournament or game (each, a “USPA® Event”) and hereby agree to indemnify, defend 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® and its subsidiary and affiliated companies and divisions (including but not limited to USPA® Umpires, LLC, USPA® Polo Development, LLC and USPA® Marketing, LLC); the owners, lessees or lessors of any premises where a USPA® Event may be held; and all directors, governors, officers, trustees, agents, employees, volunteers or servants of any of the above-named entities (collectively the “Indemnified Parties”), from any claim including but not limited to any bodily injury, personal injury or property damage sustained by any person or entity, including, without limitation, all third parties, all other members, participants, entrants, and any person performing services for any of the Indemnified Parties..
- 6) All USPA® Member Clubs agree to be responsible for any injury or damage caused by themselves, their members, 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: _____

Additional Officer Name: _____

Signature: _____ Date: _____

SUBMIT COMPLETE APPLICATION TO: CLUBS@USPOLO.ORG

PAYMENT SECTION

Total \$ _____	Type of Payment: (US Funds ONLY) <input type="checkbox"/> Check (made out to USPA*) # _____ <input type="checkbox"/> Credit Card
-------------------	---

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

APPROVALS (attach all electronic approvals to this application)

Circuit Governor Signature: _____

Club and Member Support Committee Approval Date: _____

Circuit Governor Approval Date: _____

Executive Committee Approval Date: _____

FOR USPA USE ONLY

- Completed USPA Club Application
- Circuit Governor Approval
- Club and Membership Administration Committee Approval
- Copy of lease or proof of ownership
- Photographs of facility, fields, arena, barns, etc.
- Club By-Laws, signed by Officers
- Stated Intent/Purpose of Club
- Club has 3+ Registered Player Members

- Delegate is a Registered Player Member
- List of Officers (All current members of the USPA®)
- Certificate of Insurance (\$1,000,000 General Liability with participant legal liability) naming USPA®, its subsidiary & affiliated companies, directors, governors, officers, trustees, agents, employees, servants and volunteers as additional insureds