



PLAYER REGISTRATION YEAR: \_\_\_\_\_
UNITED STATES POLO ASSOCIATION

Suite 505 P 771 Corporate Drive P Lexington, KY 40503
Phone: {859} 219-1000 or {800} 232-8772 Fax: {859} 219-0520

United States Polo Association® registration runs from January 1 to December 31. New Applications received and paid after October 1 will be posted for the following year, unless otherwise noted. The annual registration player fee is \$200.00. Registration fees will be discounted to \$150.00 if paid prior to January 1 of the upcoming year.

Player Dues: (see fee's above) \$\_\_\_\_\_
Publication Check-off (select one with membership)
" Polo Players Edition
" Sidelines
"Optional" Publication (Additional Cost)
" Polo Player's Edition \$33.75
" Sidelines \$33.75
Total Amount Enclosed: \$ [ ]
Type of Payment: " Check " Master Card " Visa
Account Number: \_\_\_\_\_
Expiration Date: \_\_\_\_\_ Charge Account: \$ \_\_\_\_\_
Card Holder's Name: \_\_\_\_\_
Card Holder's Telephone Number: \_\_\_\_\_

" Yes, I want a current Hardbound Blue Book " No, I do not want a current Hardbound Blue Book

SECTION I. APPLICANT INFORMATION (Please Type or Print)

NAME: \_\_\_\_\_
LAST FIRST INITIAL NICKNAME

ADDRESS: \_\_\_\_\_
Please use PERMANENT ADDRESS. All Foreign mail will be sent via Surface Mail.

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE:(home){ } TELEPHONE: (work){ }

FAX: { } EMAIL: \_\_\_\_\_

SEX: " Male " Female BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ U.S. CITIZEN: " Yes " No
month day year

NATIONALITY: \_\_\_\_\_ USPA PRIMARY CLUB: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF: a). the USPA: " Yes " No YEAR: \_\_\_\_\_
Handicap: Outdoor: \_\_\_\_\_ Arena: \_\_\_\_\_ Club: \_\_\_\_\_
b). a Foreign Association: " Yes " No YEAR: \_\_\_\_\_
Handicap: Outdoor: \_\_\_\_\_ Arena: \_\_\_\_\_ Country: \_\_\_\_\_

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

SIGNATURES: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
PRINT NAME: \_\_\_\_\_

TERMS and CONDITIONS

By Signing this registration application, I acknowledge that I have read and understand the terms and conditions set forth on this form and expressly agree:
1. To abide by the Constitution, By-Laws and Rules of the USPA®, as published yearly in the USPA® Yearbook, and from time to time amended and published, including, but not limited to, By-Law 13. Arbitration.
2. That if I should sue the Association and am unsuccessful, I will pay the USPA's® Attorney's fee and cost.
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, tournament, or any other sponsor or member clubs of USPA®; any charity or other beneficiary which may benefit from the USPA® Event; the United States Polo Association; the owners, lessees or lessors of any premises where a USPA® Event may be held; and all directors, officers, trustees, agents, employees, or servants of any of the above-named entities (collectively the Indemnified Parties'), from any claim for any injury sustained by any person, entity, or horse, including, without limitation, all third parties, all other members, entrants, horses, and any person performing services for any of the indemnified parties, arising out of the holding of or conduct in a USPA® Event.
4. To be responsible for any injury or damage caused by myself, my agents, employees and/or their mounts and I hereby waive my rights against and forever discharge and released the indemnified parties herein from liability for any claim which I may now or hereinafter have for any injury arising out of or otherwise related to my participation in any sanctioned USPA® Event, including but not limited to any claim under law, tort, contact, statute, or custom, including negligence or breach or statutory duty or both on the part of the Indemnified Party.
Annual fees for the current year are payable to the USPA. A portion of this fee includes one subscription of choice for either Polo Player's Edition or Sidelines for one year. Your membership fee to the USPA is not deductible as a charitable contribution.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MINOR: GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION II. CLUB DELEGATE (Only)**

Recommended Handicap: Outdoor \_\_\_\_\_ Arena \_\_\_\_\_

Print Name: \_\_\_\_\_ Club: \_\_\_\_\_

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USPA USE ONLY**

" Faxed " Mailed

Date: \_\_\_\_\_

To: \_\_\_\_\_

**SECTION III. CIRCUIT HANDICAP CHAIRMEN (Only)**

Recommended Handicap: Outdoor \_\_\_\_\_ Arena \_\_\_\_\_

Circuit: \_\_\_\_\_

Circuit Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USPA USE ONLY**

" Faxed " Mailed

Date: \_\_\_\_\_

To: \_\_\_\_\_

**SECTION IV. NATIONAL HANDICAP CHAIRMAN (Only)**

Approved Handicap: Outdoor \_\_\_\_\_ Arena \_\_\_\_\_

Nat'l Handicap Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USPA USE ONLY**

" Faxed " Mailed

Date: \_\_\_\_\_

To: \_\_\_\_\_

**FOR USPA USE ONLY**

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Circuit: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ " Balance Due \$ \_\_\_\_\_ AP #: \_\_\_\_\_

" Previous USPA Member Year: \_\_\_\_\_ Handicap: Outdoor: \_\_\_\_\_ Arena: \_\_\_\_\_

" Urgent Playing in a USPA Tournament: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_