

**Rutland Polo Club Ltd
Playing Membership Form 2017**

PERSONAL Name:Address:.....
 Address:Postcode:.....
 Email:
 Home Tel no: Mobile:
 Date of birth (if under 25 on 01/01/17):..... (dd/mm/yy)

RUTLAND POLO CLUB MEMBERSHIP	Please tick box	
Full adult membership	£ 500	<input type="checkbox"/>
Junior membership (under 24 on the 1 st Jan 2017 only if in full time education or in gap year).....	£ 250	<input type="checkbox"/>
Junior membership (under 18 on the 1 st Jan 2017).....	£ 200	<input type="checkbox"/>
1 st season beginner.....	£ 250	<input type="checkbox"/>
Chukka* (not able to play in tournaments unless appropriate member at another club).....	£ 250	<input type="checkbox"/>
Professionals membership.....	£ 300	<input type="checkbox"/>
A player in their first season of polo and also a member of a local Pony Club.....	£ 10	<input type="checkbox"/>

HPA MEMBERSHIP
 Outdoor handicap: (The HPA requires that 1 goal players and above provide full contact details)
 * Have you already paid your HPA fees to another club? If so which club:
 If not, please tick the relevant box and complete HPA Annexe form A – next page.

UK Resident	tick box	Overseas Resident	tick box
Full membership:.....	£155... <input type="checkbox"/>	Full membership:.....	£305... <input type="checkbox"/>
Day membership (4 days max per season).....	£ 30 <input type="checkbox"/>	Day membership (4 days max per season)...	£30... <input type="checkbox"/>
Junior (under 18 only):.....	£ 70... <input type="checkbox"/>	Junior (under 18 only):.....	£ 70... <input type="checkbox"/>
Chukka:.....	£125 <input type="checkbox"/>	Chukka:.....	£185

Payment. Payment may be made by card or cheque. Please make your cheque out to "Rutland Polo Club" and post together with this form and HPA Annexe A (next sheet) to: The Hon. Secretary, Rutland Polo Club, Rose Cottage, 7 Main Street, Lyddington, Oakham, Rutland, LE15 9LR. Payment may also be made by monthly standing order on request. Please contact The Treasurer, Marissa Watts, telephone on 07944 374018 (treasurer@rutlandpoloclub.co.uk) . If paying by card, please fill in your details below:-
 Debit or Credit (2½% surcharge) Card: Long Number:..... Expiration date:.....

- Payment and a signed form is required before play can be permitted on the grounds**
- Family membership is 15% discount off membership fees which applies to spouses & children under 24 yrs on 01/01/17.
 - Professionals are those who obtain regular income from playing polo.

I wish to apply for Playing Membership of the Rutland Polo Club Ltd and agree to abide by the Rules of the Club and of the Hurlingham Polo Association. I agree that no player may play in any practice chukka or game under the influence of alcohol or any other illegal stimulant or drug, including any substance referred to in annex A of the HPA regulations on human doping and I agree to submit to tests if asked so to do. Any player found infringing this rule will be banned from playing and reported to the relevant authorities. I understand the risks of the game of polo and acknowledge that polo is a dangerous sport and that participation in the sport is voluntary and at my own risk.

I assume sole responsibility for any injury, death or property damage that I may suffer as a result of my participation in polo. I indemnify and hold harmless the HPA, Rutland Polo Club and any other sponsor, charity or other beneficiary which may benefit from an event, 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, caused in any club sanctioned activity, tournament or ground by myself, my agents, employees and/or their mounts. I accept that persons and vehicles are admitted on condition that neither Rutland Polo Club nor any person acting for them will be responsible or liable for any accident, injury, or illness, damage or claim arising directly or indirectly to any persons, horses, dogs, vehicles or property however such damage, injury or loss may be caused. I acknowledge that the HPA insurance covers public liability only.

Any player participating in club chukkas at Rutland Polo Club in 2017 has to be either a chukka, junior or full members of the club.

By signing this registration form, I acknowledge that I have read, understand, accept and agree to the terms and conditions as set forth.

Signed.....Date.....

If under 16: As the parent / guardian, I understand and accept the Terms and Conditions on behalf of the above and consent to the above being subject to drug testing in accordance with HPA regulations.

Guardian signature:.....Name.....Date.....



Hurlingham Polo Association

Manor Farm
Little Coxwell
Faringdon
Oxon SN7 7LW

Tel: 01367 242828 Fax: 01367 242829

Email: enquiries@hpa-polo.co.uk Website: www.hpa-polo.co.uk



HURLINGHAM POLO ASSOCIATION (HPA) REGISTRATION FORM

Last Name		Main Club:	
First Name		Other Clubs	
DOB			
Country of Residence:			
Gender: (M/F)		Pony Club	
Contact Address	Home/Work*	Other Address	Home/Work/Term Time*
Phone No		Phone No	
Fax No		Fax:	
Mobile		Email:	

* Please delete

Associate Membership Classification	UK/Eire Resident	Tick	Overseas Resident	Tick
Full	£155		£305	
Day	£30		£30	
Junior	£70		£70	
Chukka	£125		£185	
Arena only Under 14	£TBA		£TBA	

Membership includes the Year Book which covers the Rules and Regulations and which you should collect from your club, and Public Liability insurance.

TERMS AND CONDITIONS

- To abide by the Rules, Regulations, Orders and Directives from time to time in force of the Rutland Polo Club and the HPA in accordance with Regulation 3 in the Year Book of the HPA.
- To understand the risks of the game of polo and acknowledge that polo is a dangerous sport and that participation in the sport is voluntary and at my own risk.
- To assume sole responsibility for any injury, death or property damage that I may suffer as a result of my participation in polo.
- To indemnify and hold harmless the HPA, host club and any other sponsor, charity or other beneficiary which may benefit from an event, 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, caused in any club or HPA sanctioned activity, tournament or ground by myself, my agents, employees and/or their mounts.
- To be responsible for any injury or damage caused by myself, my agents, employees and/or their mounts, and to bear the costs of any legal proceedings which I might initiate.

By signing this registration form and accepting the privileges of the HPA, I acknowledge that I have read, understand, accept and agree to the terms and condition as set forth.

Signature : _____ Date: _____

If under 16: As the parent/guardian, I understand and accept the Terms and Conditions on behalf of the above, and consent to the above being subject to drug testing in accordance with the HPA Regulations.

Guardian Signature: _____ Name _____ Date: _____

CLUBS TO RETAIN THIS SHEET

