

Rutland Polo Club Ltd - Playing Membership Form 2019

PERSONAL - Name:Address:.....
 Address:Postcode:.....
 Email:.....
 Home Tel no: Mobile: Join club mailing list: Yes / No
 Date of birth (if under 25 on 01/01/19):..... (dd/mm/yy)

| RUTLAND POLO CLUB MEMBERSHIP | Please tick box |
|---|-----------------|
| Full adult membership | £ 625 |
| Junior membership (under 24 on the 1 st Jan 2019 only if in full time education or in gap year)..... | £ 300 |
| Junior membership (under 18 on the 1 st Jan 2019)..... | £ 250 |
| 1 st season beginner..... | £ 300 |
| Chukka* (not able to play in tournaments unless appropriate member at another club)..... | £ 400 |
| Professionals membership..... | £ 380 |
| Pony Club..... | £100 |

HPA Membership – To be paid directly to the HPA via www.hpa-polo.co.uk – **HPA Membership completed?** YES / NO

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:

Payment. Payment may be made by card or cheque. Please make your cheque out to “Rutland Polo Club” and post together with this form 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 North treasurer@rutlandpoloclub.co.uk

If paying by card, please fill in your details below:- Card: Long Number:.....
 Expiration date:..... Name as shown on card:..... Security no (last 3 numbers on back):.....

Payment and a signed form is required before play can be permitted on the grounds

- Family membership is 20% discount off membership fees which applies to spouses & children under 24 yrs on 01/01/19.
- 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 2019 has to be either a chukka, junior, professional 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.

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

24/03/19