



Hurlingham Polo Association

Manor Farm
Little Coxwell
Faringdon
Oxon SN7 7LW

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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:		Pony Club	
Gender: (M/F)		School/University	
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	£100		£180	
Temporary (same for Arena)	£50		£80	
Junior (includes Arena season)	£35		£65	
Chukka	£75		£105	
SUPA only (includes Arena season)	£35		n/a	
Arena Full	£100		£180	
Arena if already a full member	£50		£50	
Arena only Under 14	£10		£45	

TERMS AND CONDITIONS

- To abide by the Rules, Regulations, Orders and Directives from time to time in force of the Burningfold Polo Centre 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 of the sport is at my own risk.
- 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 Regulations as set out in the Year Book of the HPA.

Guardian Signature: _____ Name _____ Date: _____

A portion of the fee includes your year book, which you should obtain from your club, and insurance.

CLUBS TO RETAIN THIS SHEET