2019 PLAYING MEMBERSHIP RENEWAL FORM

Full Name……………………………………………………………………………………………………………...

Address………………………………………………………………………………………………………………..

Postcode…………………………………………

Telephone Numbers Home…………………………………………………………………………….

*Please fill in all* Office…………………………………………………………………………….

*Telephone Numbers* Mobile……………………………………………………………………………

Email………………………………………………………………………………………………………………….

□Tick here if you wish to be on our mailing list to receive updates, news and offers from Beaufort Polo Club. You can unsubscribe at any time.

Membership Category……………………………………………………………… £…………………………….

Total £…………………………….

I wish to apply for Playing Membership of the Beaufort Polo Club for 2018 and agree to abide by the Rules of the Club and the Rules 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 agree to submit to tests if asked to do so. Any player found infringing this rule will be banned from playing and reported to the relevant authorities.

I accept that persons and vehicles are admitted on condition that neither Beaufort 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.

**Further, I that understand that if my handicap is 3 goals or more, or 2 goals or less but have more than 10 horses I am not covered by the HPA Members’ 3rd Party Public Liability policy and must provide confirmation that this exposure is my responsibility. I confirm that I hold Employers’ Liability commensurate with the law.**

Signed………………………………………………………..Date……………………………………………..

## FOR THOSE AGED UNDER 16

I…………………………………………………………..as the parent/guardian of the above understand and consent to the above being subject to drug testing in accordance with the regulations set out in the Year Book of the H.P.A.

Signed: …………………………………… Date: ……………………….

**My payment covers my subscription to the Club including/excluding my H.P.A. Subscription which will be paid through the …………………………………………....Club.**

**Send completed application forms to The Beaufort Polo Club, Westonbirt, Tetbury, Glos. GL8 8QW. Cheques should be made payable to Beaufort Polo Club Ltd.**

**If you wish to pay by BACS then these are the details you will need:**

BANK DETAILS:

Account Name: Beaufort Polo Club Ltd Account Number: 31631985 Sort Code: 40-43-21