



# Florida Young Player Polo

## Entry & Registration Form for the Year 2016-2017

All forms and moneys must be received prior to student riding in the Program

*Young Player Polo Events will be once a month (dates TBA). Young Player Polo is for 16 -21 years of age. If there is an empty spot, players below 16 years of age will be allowed to participate; please contact [floridajrpolo@yahoo.com](mailto:floridajrpolo@yahoo.com) to get your name on the list.*

**Player Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Parent or responsible party:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_

**Seasonal Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Email Address(s):** \_\_\_\_\_

### Medical Information:

**Insurance:** \_\_\_\_\_ **ID or Contract #** \_\_\_\_\_

**Personal Physician:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Permission to treat:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have read and understand the liability release:**

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CODE OF CONDUCT

- I agree to treat my coaches, teammates, competitors, umpires and horses with respect and honesty.
- I agree not to use foul or abusive language.
- I will show up for practices and games on time and will notify my coach or if a problem causes me to be late or absent.
- I agree to come to my coach if I have any problems to try to find a solution.
- I will be responsible for communicating with Florida Junior Polo about schedules and my participation.
- I understand that by participating in Florida Junior Polo I am committing to improve my skills and have fun with my fellow polo players.
- I will conduct myself in a way that best represents good sportsmanship both on and off the field.
- My parents/guardians and I realize that breaking any portion of this agreement could result in probation, suspension or expulsion for the Florida Junior Polo program

\_\_\_\_\_  
Participant (Junior Player) Signature

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

### CONSENT TO TREAT

In the event of a medical emergency, authorize **Polo Training Foundation**, and/or any of their representatives to obtain emergency treatment for minor, \_\_\_\_\_

Sign \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

The following persons to be contacted in an emergency

\_\_\_\_\_  
Name Address City State

Phone \_\_\_\_\_

\_\_\_\_\_  
Hospital to use Phone

\_\_\_\_\_  
Doctor to Call Phone

\_\_\_\_\_  
Allergies and/or medical conditions

## Release and Waiver of Claims

The undersigned, who is a participant or spectator in equestrian activities including polo being organized by the Polo Training Foundation (the "PTF") and carried on at the facilities of IPC Polo, LLC, Palm Beach International Polo Club, LLC, Grand Champions Polo Clubm Everglades Polo Club or any other facility hosting a PTF event (the "Clubs"), or in connection with any activity of the Polo Training Foundation or the Clubs, in consideration of the use of the facilities of the Club, and other good and valuable consideration, the undersigned agrees as follows:

1. **General Release.** The undersigned hereby releases and waives any claims that the undersigned may now or hereafter have against the PTF or the Clubs and any and all of the PTF and the Clubs' related entities, their members, officers, directors, operators, owners, employees, agents or their assigns from and against any liabilities, losses, damages, costs, claims, or conversion which the undersigned may incur as a result of injury or death to the undersigned or damage to the loss of personal property of the undersigned as a result of the undersigned's activities undertaken in connection with the PTF or the Clubs, including without limitation personal injury, death, and damages therefore including loss of income, earnings, bodily injury, pain and suffering, emotional and mental distress and any and all medical expenses related thereto.
2. **Assumption of Risk.** The undersigned acknowledges and understands that the equestrian activities undertaken in connection with the PTF and the Clubs involve risk of personal injury, or death, and injury to or loss of personal property, including horses, which may result from the undersigned's participation in equestrian activities. Such injuries may be caused, without limitation, by other participants, the undersigned, field conditions including uneven or damaged terrain and other natural or manmade conditions which may be hazardous to the undersigned or create hazards to the undersigned's activities. The undersigned further acknowledges that these equestrian activities are inherently dangerous and assumes all risk of injury, death, and/or damage which may result from any reason whatsoever in connection with such activities.
3. **Indemnification.** The undersigned hereby indemnifies, defends and holds harmless the PTF and the Clubs, the members, officers, directors, operators, employees, agents and their assigns from and against any and all losses, liabilities, damages, costs, claims, or expenses of whatever kind or nature including reasonable attorney's fees, whether or not resulting from negligence, which may sustain or incur by reason of the use or presence on or in any facilities of the PTF or the Clubs, including damages to horses, fences, equipment, building, or other structures or the property of other persons, buildings, or other structures or the property of other persona or personal injury to said other persons on the facilities of the PTF or the Clubs, or in connection with any of its activities.
4. **Benefit.** This release and waiver shall also release and apply fully to the following: IPC Operations, LLC, Isla Carroll Farms, L.P., ICF West, LLC (Including Philip and Michele Heatley) and to their related and associated entities, including but not limited to Wanderers Club, LLC.
5. **Reimbursement.** The undersigned agrees that in the event any claim is made against the undersigned by reason of this agreement, the undersigned shall pay such claims within 30 days of notice of said claim being given to the undersigned. In the event the undersigned does not make such payment in the time period allotted, then all such sums shall be due and owing together with the interest at the rate of 18% per annum and, in the event of an action to collect such sums the prevailing party in such action shall be entitled to award of reasonable attorney's fees incurred thereby. For purposes of this provision, notice shall be deemed given 3 days after placing said notice in the U.S. mail, postage paid, addressed to the undersigned at his address indicated below.
6. **Binding Effect.** The foregoing provisions shall be fully binding upon and shall be effective against the undersigned, his or her heirs, successors, estate, legal representatives or assigns and shall apply to the actions of the undersigned personally, the undersigned family, guests, employees, agents.
7. **WARNING.** UNDER FLORIDA LAW AN EQUINE ACTIVITY SPONSOR, AND EQUINE PROFESSIONAL, OR ANY OTHER PERSON, WHICH SHALL INCLUDE A CORPORATION OR PARTNERSHIP, SHALL NOT BE LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES AND, EXCEPT AS PROVIDED IN §773.03, NO PARTICIPANT NOR ANY PARTICIPANT'S REPRESENTATITVE SHALL HAVE ANY CLAIM AGAINST OR REVOCER FROM ANY EQUINE ACTIVITY SPONSOR, EQUINE PROFESSIONAL, OR ANY OTHER PERSON FOR INJURY, LOSS, DAMAGE, OR DEATH OR THE PARTICIPANT RESULTING FROM ANY OF THE INHERENT RISKS OF EQUINE ACTIVITIES.

IN WITNESS WHEREOF, this agreement is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone