



England Summer Exchange 2017

Application Guidelines

The Polo Training Foundation was founded to teach the game of polo to young players by promoting youth clinics, interscholastic and intercollegiate competition, good sportsmanship and good will through friendly competition.

Churchill once proclaimed that “a polo handicap is a passport to the world.” The PTF Exchange Program was designed to utilize that handicap and thus continue the polo education of the Junior Players while also creating new friends and memories to last a lifetime.

Application Deadline: May 26th 2017

Players selected to participate will be notified on or before June 5th 2017

Application Guidelines

- Applicants must be between the ages of 14-18 years during July 8th – 16th 2017
- Applicants must have participated in a PTF Program during the 2016 and/or 2017 year.
- Application must include:
 - Application Form
 - Code of Conduct Form
 - Consent to Treat Form
 - Letter from Applicant
(Explaining why they believe they should be chosen for this exchange trip.)

Airfare

All costs of travel and airfare are the responsibility of the Player and/or Parent. Transportation will be provided by the PTF upon arrival in England, as well as throughout the stay in England.

Accommodation

The Hurlingham Polo Association will organize housing of the PTF Players with the HPA Families while in England. This helps enhance the experience and create a stronger bond between the exchange players and the host families.

Playing, Practice and Horses

All games and practices will be organized and covered by the HPA and the PTF. The HPA will provide and organize appropriate horses for the PTF Players.

Chaperone(s)

A PTF Chaperone will be in England, as their representative throughout the trip. Any parent(s) that would like to come along are more than welcome, but accommodation and transportation will not necessarily be provided.



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Application Form

All applicants must have participated in a PTF Program during 2016 and/or 2017 and must be between 14-18 years of age during the week of July 8th -16th 2017.

Player Name: _____

Age: _____ Birthday: _____ T-Shirt Size: _____

Parent: _____

Permanent Address: _____

Phone Number(s): _____

Email Address(s): _____

Which PTF Program did you participate:	_____	Eldorado Junior Polo Program
	_____	Florida Junior Polo Program
	_____	College Fair @ Meadowbrook
	_____	I/I Clinic @ UVa.
	_____	Central Coast PC Summer Camp
	_____	Miguel Torres/World Gym Memorial
	_____	Other: _____

Please send the completed application forms to Jennifer **before May 26th** at:

Jennifer McLeavy
jenniferannpoor@yahoo.com
1632 Wiltshire Village Drive
Wellington Florida 33414

I have read and understand the application program policies and would like to apply to participate:

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 the PTF about schedules and my participation.
- I understand that by participating in a PTF Program, 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 any and or all Polo Training Foundation Junior Programs.

Participant (Junior Player) Signature

Date

Participant (Junior Player) Printed Name

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 _____

Date _____

Print Name: _____

The following persons to be contacted in an emergency:

Name

Address

City

State

Phone _____

Allergies and/or medical conditions: _____