



Malta Arena Polo

MEMBERSHIP APPLICATION FORM

(one form per member)

Name and Title:	Date of Birth:
	Home telephone:
Address:	Mobile number:
	Email address:
Member of second club – Club name and country:	Handicap and number of years playing:

Type of Membership	Club fee	Tick required
Playing Member (from 1st October - 30th June)	€ 260	
Social membership (from 1st October - 30th June)	€ 60	
Junior membership (under 16 years on 1st October)	€ 100	
Family discount	25% off subsequent memberships	
TOTAL		

Please send a cheque made out to 'S. Vassallo', along with the completed Membership Application Form, Indemnity Declaration and Medical Disclosure Form to:

S. Vassallo, 5C Crown Marina, Triq l-Imradd, Ta'Xbiex, XBX 1150 MALTA

Malta Arena Polo, 5C Crown Marina, Triq l-Imradd, Ta'Xbiex, XBX 1150 MALTA

+356 7953 7550

info@maltaarenapolo.com



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Indemnity Declaration

1. I recognise polo is a dangerous sport and that there are risks and hazards to all present at Malta Arena Polo and any polo related activity organised by Malta Arena Polo whether I am a participant or spectator and whether or not a polo game is actually in progress.
2. I accept that I participate and spectate entirely at my own risk and I relieve Malta Arena Polo of liability for any kind of injury, loss and/or damage suffered by myself or any person or property whom I bring with me to the club's grounds and premises.
3. I understand the necessity to ensure that, as a spectator, I, my property and any person whom I bring with me to Malta Arena Polo are kept at a safe distance from the field/arena of play and from horses, pony lines, horse boxes and areas used for practice.
4. I understand that if I or any guest of mine should bring a dog to the grounds that it will be kept under control and on a lead for the whole duration of matches and chukkas and that I will be responsible for its actions at all times.
5. I agree to abide by the Rules, Regulations, Orders and Directions of Malta Arena Polo set out by Malta Arena Polo.
6. I accept Malta Arena Polo and their respective employees will not accept any responsibility or liability whatsoever for any kind of injury, damage or loss suffered by any person(s) or to their property while present at Malta Arena Polo and at polo activities organised by Malta Arena Polo howsoever or by whomever that injury, loss or damage is caused.
7. All personal data will be processed by the Malta Arena Polo in accordance with the General Data Protection Regulation (GDPR) and the member as a data subject has the write to withdraw the information provide upon lodging a request with the data processor.

Name:

Signature:

Date:

On Behalf of Under 16's please print name of Parent or Guardian:



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Medical Disclosure Form

In the unlikely event of any accident, we ask that you inform us of any existing significant injuries, illness or medication that might affect the work of on-site medics and any member of the emergency services. We will make sure that these details are kept private and confidential at all times, only select Malta Arena Polo employees will have access to the information given, and Paramedics will be made aware of the details given.

Name:	
Date:	
In case of emergency please contact Name:	
Please state any current/re-occurring injuries or medical conditions	
Please state any major illnesses or operations in the past five years:	
Please state any medical allergies:	

Please note: Failure to notify us of these details may result in medical treatment that may not be in your best interest and may cause further injury and/or illness.

Name:

Signature:

Date:

On Behalf of Under 16's please print name of Parent or Guardian:

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