UNITED STATES POLO ASSOCIATION INTERCOLLEGIATE TEAM ELIGIBILITY FORM

TO BE COMPLETED BY OFFICIAL REPRESENTATIVE OF POLO PROGRAM

Due Jan 31st

		Name of College/University			Men or Women	Date Completed	
					Circle one		
		Student Name in Alphabetical Order (please print legibly)	AGE as of Sept.1, 2023	Is Student in good academic standing, making progress toward a degree on the main campus which the college polo team represents? (Y or N)	Is the Student on academic probation?(Y or N)	Is Student scholastically eligible to participate in sports? (Y or N)	Was the Student enrolled in active dut military service? (Y or N)
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	To be	e completed by Participant	To b	e completed by Official Representative	e		
			PLEASE RE	FER TO ELIGIBILITY RULES LISTED BELOW			
USPA Co	•	ligibility Rules: Ident must be enrolled as a full-time student in good s	standing, making progress to	oward a degree on the main campus which	the college/university polo team rep	presents.	
•	A stu	ident must be an undergraduate or graduate student of all eligibility requirements listed in the Intercollegiate/	of the college that he/she re	epresents, as verified through the college,			
•	A stu	ident may not have reached his/her 26th birthday prio ident may have five and a half consecutive years from years of eligibility.				ts current institution, in which to o	complete
•	A stu waiv	udent entering active military duty after being enrolle	ed at a college or university	will have the five-year period extended t	for the length of that military service	e, upper age limit requirement wil	l be
•	An O	official Representative from the institution's governing light goized by the Institution and is authorized to repres	ent the college/university				that the team is
		representative of the polo program (Club Sp				- : :	
		e, and that this form and all copies were con ed to represent the college/university at h			name and date of birth) and ti	hat the team is recognized	by the institution
ana at	0112	ea to represent the conege, university at h	ocai, regionai, ana na	idonar events.			
Name (p	ease prii	nt)	Title		Signature	Da	te
	•						

Phone #

Email