

**CHAWP Water Polo Registration, Parent Contact Information and Release of Liability Form
Nov. 14, 2016 – Dec. 31, 2017**

SESSION FEE INCLUDES COACHING, PRACTICES & POOL TIME ONLY
-Additional fees for tournaments & leagues may apply-
Paperwork and Fees must be submitted prior to entering the water.

Practice Pool Location: _____

Please turn in this completed form the first night of practice.

FEE RETURN POLICY:
NO refunds after the first week of practice.

Athlete's Name _____

Address _____

City _____, CA Zip _____

Home Phone () _____ Athlete's Cell () _____

Mother's Name _____ Father's Name _____

Mother's Cell () _____ Father's Cell () _____

E-mail (please print clearly) _____

Athlete's School _____ Grade in School _____

Birth date ___/___/___ Age on August 1, 2017 _____ Male ___ Female ___

All age groups are determined by the athlete's age on August 1 of the year in which the championship tournament is to be held.

All Athletes must be USWP registered. ___ New? ___ Existing Member?

USAWP- Current number _____ Expires 12/31/_____

*** Please Attach a Copy of USWP Membership Card (or copy of receipt) to Registration Form ***

Emergency Contact _____ (other than parents) Phone () _____

Relationship: _____ Additional Phone () _____

Physician's Name _____ Phone () _____

Health Insurance Co.: _____ Group # _____ Phone () _____

Allergies and/or other medical conditions: _____

Club Use: Amount Received \$ _____ Check # _____ Cash _____ PayPal _____

USWP: Received Member # _____ Registration Form _____

RELEASE OF LIABILITY

My child, _____, is a member of CHAWP Water Polo Club and has my permission to participate in all activities including but not limited to practices, scrimmages, games, tournaments and travel. I certify that my child has full medical insurance. I also certify, to the best of my knowledge that my child is physically fit and able to participate in sporting events.

I acknowledge that water polo is an extreme sport and can lead to minor or serious bodily injury. With full understanding of the potential risks, I hereby assume those risks of participation. In the event of an injury, I assume financial responsibility for the bills incurred.

In the event of injury or sudden illness, I as legal guardian, hereby grant my permission for my child to be treated by a qualified and licensed physician in the event that immediate treatment is necessary, as determined by the attending physician. Permission for treatment is authorized in the event that I am unable to be reached following a reasonable effort to do so. **I understand that it is my responsibility to inform the club administration when my contact and/or insurance information changes.**

I also agree to pay all fees associated with membership in the club: session registration fees, tournament fees, equipment fees, travel fees where applicable, etc. Fees must be paid in full, no later than two weeks after the first night of practice or the date posted on the CHAWP web site, or a \$50 late fee will be added.

I certify that I have read and understand the release of liability. I understand that the release of liability applies to all activities or events sponsored by CHAWP Water Polo Club. I understand that I have given up substantial rights.

I, _____, the undersigned parent or legal guardian of the athlete _____ executes the foregoing release for and on behalf of the minor named herein. I hereby bind the minor, all other assignees and myself to the terms of this release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons or entities named in this waiver and release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this release.

I fully consent to my child's participation in events sponsored by CHAWP Water Polo Club. **This permission is granted for this period of time: Nov. 14, 2016 – December 31, 2017.**

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____

Date Signed ____/____/____