

CHAWP Water Polo Registration, Parent Contact Information and Release of Liability Form December 1, 2015 – Dec. 31, 2016

PLEASE CIRCLE: Spring or Summer or Fall or Winter Session

For beginner CLINICS PUT START DATE of Clinic _____

Paperwork and Fees must be submitted prior to entering the water.

Practice Pool Location: Norco HS or Corona HS

Please turn in this form the first night of practice.

FEE RETURN POLICY: NO refunds!!

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 _____ Male ___ Female ___

Birth date ___/___/___ Age as of August 1, 2016 _____ (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. Athletes starting this fall will use their age as of the following August 1st)

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 _____

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.

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 _____ execute 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: January 1, 2014 – December 31, 2015.**

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____

Date Signed ____/____/____

