

Registration Forms – Calgary Renegades Water Polo

Registration Checklist

Please fill in the following:

Registration Fees – Paid in Full, or paid in four installments:

Payment by Cheque:

Name (if different from athlete) _____

Athlete Age Category:

Atom (U12) - \$150 _____ 1x/week until Jan 1, 2x week after Jan 1, 2012

Bantam (U14) - \$150 _____ 1x/week until Jan 1, 2x week after Jan 1, 2012

Cadet (U16) - \$1000 _____ (Full program Bantams register as Cadets)

Youth (U18) - \$1000 _____

Senior (18 & over) - \$200 _____

Non-Renegade Athletes - \$100 _____

Full Payment: September 15, 2011 **Cheque #** _____

Or **Staggered Payment:** **Cheque # 's:** Sept 15, 2011 _____, Oct 15, 2011 _____, Nov.15, 2011 _____, Dec.15, 2011 _____

Travel Fees – Post-dated travel cheques required by September 30, 2011.

ALL FORMS MUST BE FILLED OUT AND SIGNED BY BOTH PARENTS AND REGISTRATION CHEQUES MUST BE SUBMITTED IN ORDER TO REGISTER & BEFORE THE ATHLETE WILL BE ALLOWED IN THE POOL

The following forms and documentation are required for registration:

- Photocopies of Passport, AHC, Travel Insurance
- Registration Checklist
- Travel/Medical Information Form
- Calgary Renegades Water Polo Contract
 - Code of Conduct Compliance
 - Liability Release
 - Registration Contract
 - Travel Commitment Agreement
 - Fundraising Agreement
- Consent For Use of Personal Information
- Water Polo Canada
 - Athlete Information
 - Liability Release
 - Code of Conduct Compliance - see WPC website <https://www.waterpolo.ca/governance.aspx>

Travel/Medical Information Form – Calgary Renegades Water Polo Club

Please PRINT – Should you wish you may attach a picture of your child to this form (ie. last year's school photo)

Athlete's Last Name First Name Middle Name

Athletes Address – complete with City and Postal Code

Mother's Name Home # Work # Cell #

Father's Name Home # Work # Cell #

Emergency Contact Other than Parents Relationship to Athlete

Home # Work # Cell #

Family Doctor Phone Number Alberta Health Care #

Out of Country Medical Insurance-Company Policy #

RELEVANT MEDICAL INFORMATION

Medications _____

Allergies (including food allergies) _____

If the athlete has allergies, does the athlete carry an Epi-pen? Yes No

Previous Injuries _____

Does the player know how to administer her own medications? Yes No

If yes, what _____

If NO is Chaperone authorized to give medication? Yes No

Is Chaperone authorized to give pain relief medication ie. Tylenol? Yes No

If yes, which medication and dosage? _____

Other Conditions (braces, contact lenses, etc.): _____

Athlete Birthdate : _____

Parent's Signature: _____ **Date:** _____

ATHLETE'S NAME: (Please Print) _____

FUNDRAISING AGREEMENT

As a parent of a member, or a member 18 or over, of The Calgary Renegades Water Polo Club (the "Club"), I recognize I am obligated to participate in and assist in fundraising efforts as set out in the Calgary Renegades Fundraising Policies in the 2010-2011 Registration Information Package, or as endorsed by the Club Executive from time to time. At this time, the Renegades **Casino** and the **Bingos** are optional, and may be worked to reduce registration or travel costs. The size of the travel credit may vary at the executive's discretion. Also at the executive's discretion, Bingos and Casinos may become mandatory at any time, if the Club is unable to fulfill its obligation. (See information package for details). I understand, and agree, that my account will be charged **\$100** for every Bingo shift that I have arranged to work where I am a no show, and **\$200** for a Casino Shift where I am a no show.

Signature of Mother Date

Signature of Father Date

Signature of Athlete (if over 18) Date

Water Polo Canada

This form must be submitted to your National association for a participant to be considered eligible.

Event: 2012 National Club Championships

Participant Name: _____

I hereby certify that I am eligible to compete in the National "Club" Championships as per the Water Polo Canada guidelines.

Date of Birth: _____
MONTH / DAY / YEAR

Address: _____
NO. STREET
CITY PROVINCE
POSTAL CODE

Telephone Number: (_____) _____

LIABILITY RELEASE

I, _____, my heirs, executors and administrators hereby release Water Polo Canada and its representatives and the organizers (and/or their representatives) of this event from any and all claims or actions I may have for any injuries I may sustain during the course of the event.

CODE OF CONDUCT COMPLIANCE

I certify that I have read and understand the terms of the Code of Conduct and will comply with it.

Signature of Participant Date

Signature of Parent/Guardian (if Participant is under the age of 18) Date

First Name: *		Last Name: *	
Middle Name:		Email: *	
Username: *		Password: *	
Address: *		City: *	
Province: *		Postal Code: *	
Primary Phone #: *		Secondary Phone #:	
Gender: *	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language: *	<input type="checkbox"/> English <input type="checkbox"/> French
Province of Registration: *			
Picture upload:	Must send .JPEG file to club registrar	Date of Birth (dd/mo/year): *	
Membership Type: *	<input type="checkbox"/> Volunteer <input type="checkbox"/> Introduction Member <input type="checkbox"/> Provincial <input type="checkbox"/> Competitive	Parent email if under 18: *	
Club: *		Secondary Club:	
Tertiary Club:		Minor Official: *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Role: * <i>Please select at least 1</i>	<input type="checkbox"/> Alumni <input type="checkbox"/> Athlete <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer	First Year of Registration: *	
Alumni Details			
Former National Team Athlete: *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years on National Team:	
Coach Details			
NCCP Number: *		Coaches of Canada Number:	
Official Details			
Province: *		Level: * <i>Please select only 1</i>	<input type="checkbox"/> Community Sport <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National C <input type="checkbox"/> National B <input type="checkbox"/> National A <input type="checkbox"/> UANA <input type="checkbox"/> FINA <input type="checkbox"/> FINA- Retired
Course Conductor: <i>Please select at least 1</i>	<input type="checkbox"/> Minor Official <input type="checkbox"/> Community Sport <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National	Evaluator Level: <i>Please select at least 1</i>	<input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National

Activities: * Please select all activities participated during 2008-09 season

<input type="checkbox"/> Provincials	<input type="checkbox"/> 16U Boys' NCC	<input type="checkbox"/> 16U Girls' NCC	<input type="checkbox"/> 18U Men's NCC
<input type="checkbox"/> 18U Women's NCC	<input type="checkbox"/> 22U Men's NCC	<input type="checkbox"/> 22U Women's NCC	<input type="checkbox"/> Senior Men's NCC
<input type="checkbox"/> Senior Women's NCC	<input type="checkbox"/> CSL	<input type="checkbox"/> MLWP Men	<input type="checkbox"/> MLWP Women

Provincial Team Joint Training/Competitions (specify):

Activities: Please select all activities participated during 2007-08 season

<input type="checkbox"/> Provincials	<input type="checkbox"/> 16U Boys' NCC	<input type="checkbox"/> 16U Girls' NCC	<input type="checkbox"/> 18U Men's NCC
<input type="checkbox"/> 18U Women's NCC	<input type="checkbox"/> 22U Men's NCC	<input type="checkbox"/> 22U Women's NCC	<input type="checkbox"/> Senior Men's NCC
<input type="checkbox"/> Senior Women's NCC	<input type="checkbox"/> CSL	<input type="checkbox"/> MLWP Men	<input type="checkbox"/> MLWP Women

Provincial Team Joint Training/Competitions (specify):

Activities: Please select all activities participated during 2006-07 season

<input type="checkbox"/> Provincials	<input type="checkbox"/> 16U Boys' NCC	<input type="checkbox"/> 16U Girls' NCC	<input type="checkbox"/> 18U Men's NCC
<input type="checkbox"/> 18U Women's NCC	<input type="checkbox"/> 22U Men's NCC	<input type="checkbox"/> 22U Women's NCC	<input type="checkbox"/> Senior Men's NCC
<input type="checkbox"/> Senior Women's NCC	<input type="checkbox"/> CSL	<input type="checkbox"/> MLWP Men	<input type="checkbox"/> MLWP Women

Provincial Team Joint Training/Competitions (specify):

Volunteer Details

Valid background check on file: * To be completed by the PSO