

Water Polo Visitor Information

Thank you for your interest and participation

Participant's name:

Male/Female: **Birthday:**

Expected length of visit: one time; 2 week tryout (\$25); other _____

Parent / Guardian name:

Address:

Home phone: **Email:**

Notable medical conditions (speak to coach if necessary):

How did you hear about water polo? :

This information is collected to provide the clubs and coaches with information to run the program and may also be used by the club to contact you.

I, the undersigned, acknowledge that the CWPA and its member clubs assume no liability arising from personal injury, damages or loss of personal property while involved in or associated with any Water Polo Club activity. As well, I hold club members, coaching staff, administrators or duly authorized persons harmless from liability and hereby authorize the above to take actions they deem necessary to correct, or attempt to correct, any situation which has resulted in personal injury, property damage or loss of personal property while involved with any Water Polo Club associated activity.

Parent / Guardian signature: _____



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