

Norco HS Summer Water Polo Camp May 2—July 24, 2011
presented by CHAWP Water Polo Club
for High School Boys & Girls (freshmen-seniors as of fall 2011)

**THIS CAMP IS NOT FOR CURRENT CHAWP CLUB ATHLETES
WHO ATTEND NORCO HS**

CAMP FEE \$175.00 - PRACTICES & POOL TIME ONLY
Paperwork and Fees must be submitted prior to entering the water.

Please turn in this form with check payment 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) _____

Grade in School/upcoming school year (Fall 2011) _____ Male___ Female___

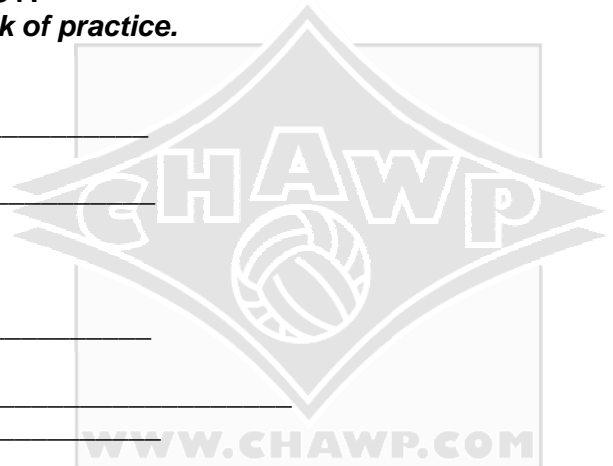
Birth date ___/___/___ Age on December 31, 2011 _____

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, _____, has my permission to participate in all activities including but not limited to practices, scrimmages, games and 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 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: May 2—July 24, 2011**

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____

Date Signed ____/____/____