

# CHAWP Water Polo Registration, Parent Contact Information and Release of Liability Form Jan. 1, 2010 – Dec. 31, 2010

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

Practice Pool Location: \_\_\_\_\_

**Please turn in this 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 \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age on December 31, 2010 \_\_\_\_\_

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 \_\_\_\_\_

Registration Form \_\_\_\_\_

# RELEASE OF LIABILITY

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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, 2010 – December 31, 2010.**

Parent/Guardian's Printed Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_