



Checklist for Water Polo Registration and Fees

Welcome to the Bainbridge Water Polo Club! We are so glad that you are going to play this season. Please complete the following forms (attached) and bring them with your check to the first practice you attend. Registration can also be mailed to BWPC, PO Box 10242, Bainbridge Island 98110

You will not be allowed in the pool without turning in all of your forms and payment. Registration fees are refundable up to the 5th practice session of the season. They are non-refundable thereafter.

Water Polo Club Forms

- Registration Form
- Membership Waiver and Release of Liability
- Medical Permission/ Emergency Contact Form
- Check for registration (see below for fees)

Please remember also that you must have a current USA Water Polo membership. You can register and renew online at <http://www.usawaterpolo.org/>

Our **club number is 267** in the Pacific Northwest/Hawaii zone. The \$50 Silver membership will work.

Fees for 2010 Boys Spring Season: \$200 (No practice over spring break March 29-April 2)

Practices: March 15-May 28 (10 weeks)
Evening practice: Monday, Tuesday 7:30-9:30pm
After school: Thursday 3:10-5:00pm

Morning swim will be available for boys 6:30-7:45 am
Mon, Thurs and Friday during girls practice

Masters: Wednesday 8:00-9:30pm

Contact Jill Croxford at jac9711@msn.com or 842-1832 with questions



Water Polo Water Polo Club Registration Form

Program: **Boys' Spring Season 2010**

Player Information

Name: _____ Date _____

Mailing Address: _____

Home Phone _____ Cell Phone (player) _____

Date of Birth: _____ Grade in fall 09: _____

E-Mail _____

USA Water Polo Membership Number _____ Ex. Date _____

(Must be current through end of season you are applying for)

Parent Contact Information

Parent/ Guardian (1) _____

Home Address _____

Home Phone _____ (work) _____ (cell) _____

E-Mail _____

Parent/ Guardian (2) _____

Home Address _____

Home Phone _____ (work) _____ (cell) _____

E-Mail _____

Club Forms which must be on file to participate

- Membership Waiver and Release of Liability
- Medical Permission/ Emergency Contact Form

Check made out to BWPC for

\$200



Membership Waiver and Release of Liability

In consideration of being allowed to participate in any way in Bainbridge Water Polo Club (BWPC) programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist, and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the Releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation I will remove myself from from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless BWPC, it's officers, officials, coaches and fellow players, and, if applicable, owners and lessors of premises used to conduct the events (Releasees), with respect to any and all injury disability, death, or loss or damage to person or property whether arising from the negligence of the Releasees or otherwise.
5. I hereby give my permission for my player to travel by private automobile with individuals authorized by the BWPC to any sanctioned games or tournaments held away from Bainbridge Island. I understand that when transportation is by privately-owned vehicles, the driver/owner is solely responsible for the insurance coverage and their passengers' well-being.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X _____ Date signed _____
PARTICIPANT'S SIGNATURE

For Participant of Minority Age (under 18 years at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify the Releasees from any and all liabilities incidental to my minor child's participation in BWPC programs and events, even if arising from their negligence.

X _____ Date signed _____
Parent/guardian signature



MEDICAL PERMISSION FORM

I give the coach/adult group leader's permission to obtain medical/dental care for

_____ (player) if required.

Contact in an Emergency:

1. Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone and/or Pager: _____

2. Alternate Contact: _____

Work Phone: _____ Home Phone: _____

Cell Phone and/or Pager: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Insurance Company _____ Policy ID _____

Group ID Number: _____ Phone _____

Allergies (including Medicine) _____

List medications being taken by the player. Include dosage and how often it must be taken.

All medications must be in their original containers.

Any other medical information that the group leader should be aware of:

Parent's Signature _____ Date _____

Parent's Name (please print) _____

Home phone _____ Other phone _____