

REGISTRATION
Bakersfield Water Polo Club

COMPLETE THIS FORM AND REGISTER
FOR THE NEXT SESSION

Athlete's Name: _____
Address: _____
City/State/Zip: _____
Day Phone #: _____ Evening Phone #: _____
Email Address: _____ Date of Birth _____
Gender: _____ Male _____ Female
Do you live less than 50 miles from CSUB? _____ YES _____ NO

I am registering for: ___ \$250 Gold (14,16,18&U) ___ \$200 Gold (10, 12&U)
___ \$200 Silver (14,16,18&U) ___ \$150 Silver (10,12&U) ___ \$75 Conditioning only

Payable to: Bakersfield Water Polo Club

All athletes must be registered with United States Water Polo athlete insurance.

USWP Registration: _____
USWP # _____ exp. Date _____

Please attach proof of USWP Membership to Registration Form

Email questions to: BakersfieldWP@gmail.com or go to www.bakersfieldwaterpolo.org for more information.

WAIVER

I understand the risks involved in the sport of water polo, and that participation in the Bakersfield Water Polo Club could result in injury, sickness or death of my child. It is understood that the Bakersfield Water Polo Club does not provide medical insurance covering injuries of any nature. The undersigned hereby releases Bakersfield Water Polo Club and employees from any and all claims, demands, and causes of actions resulting from participation in the Bakersfield Water Polo Club.

In case of an emergency, please contact, _____
(name) (relationship)

Home Phone (of contact) _____ Cell Phone (of contact) _____

Known medical condition(s): _____

I hereby acknowledge that I am covered by medical insurance as follows:

Insurance Company _____ Policy Number _____ Company Phone # _____

I hereby authorize the directions of the Bakersfield Water Polo Club to act with their best judgement in case of an emergency requiring medical attention.

Signature of above Parent or Guardian _____ Date _____

Please include a copy of your insurance card with your registration.

Club Use: Amount Received \$ _____ Check # _____ Cash _____
