

Seaside Water Polo

PLAYER INFORMATION	
Player Name:	Birth Date:
Street Address:	School:
City/State/Zip:	Grade:
Players E-mail	USWP Number:
Player's Phone:	
Mother's Name: Phone	E-mail:
Father's Name: Phone	E-Mail:
Emergency Contact Name and Phone:	Emergency Contact Name and Phone:
Medical Conditions/Allergies:	Medications:

*Must register with USWP after your trial period** sign-up online: <https://webpoint.usawaterpolo.com/>

Release of liability ...

I, the undersigned person having legal guardianship of the above said minor, give permission for the minor to participate in the Seaside Water Polo Club. I agree to waive and release Seaside Water Polo Club and it's officers, agents, and employees from and against any and all claims, costs, and judgments arising out of my child's participation or injury resulting there from and hereby agree to indemnify and hold harmless Seaside Water Polo Club from any and all such claims.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Please let us know how you heard about us. _____

When completed, please return form to coach at practice, or mail to :

Contact: seasidepolo@gmail.com with questions

Seaside Water Polo
2604-B El Camino Real, #365
Carlsbad, Ca 92008