☐ WVWP Fee Paid $_____
☐ Donation/Fund raiser $_____
☐ Total Paid $_____
CK#_____
☐ USAWP Member
☐ Photo ID provided
☐ Policies Signed
☐ Shirt Size _____
☐ Suit Size _____

Willamette Valley Water Polo Club – Player Registration
U.S.A. Water Polo Club # 1838

Player Name: _____ ☐Male ☐Female
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Date of Birth: ____/____/____ Age:_____ Grade:_____ USA WP# _____

Player E-Mail Address: _____
Please print

PARENT OR GUARDIAN INFORMATION

Name: _____ Phone (H): _____
Last First (W): _____
(C):_____

Name: _____ Phone (H): _____
Last First (W): _____
(C):_____

Family/Parent E-Mail:_____ Alternate E-Mail:_____

My son/daughter has permission to participate in water polo. Water polo is inherently dangerous. Accidents can happen and risk of serious injury does exist. My signature indicates that I have completed all of the information accurately, that I have been advised that there is a risk of injury that could occur. By signing the form, I give permission for my son/daughter to participate in all Willamette Valley Water Polo Club events. I will hold responsible coaches, officials, volunteers, parents, pool facilities and all other affiliated, harmless with regard to any injury arising out of or in any way resulting from or brought on by, voluntary participation in Willamette Valley Water Polo Club. I also agree to pay all medical care and carry adequate medical insurance in order to participate in Willamette Valley Water Polo Club events. **Parent Initials**_____ **Date** _____

CLUB BYLAWS I have received a copy of and read the WVWP Club Bylaws. I understand that registration fees are non-refundable except as specifically noted within the current bylaws. **Parent Initials**_____ **Date** _____

DRUGS AND ALCOHOL POLICY
As a player I understand that Willamette Valley Water Polo Club is a Drug and Alcohol FREE Club. I understand that using Drugs or Alcohol will result in my removal from the club. I have discussed this with my parents and by signing with them below agree to abide by these rules. **Player Initials**_____ **Date** _____

EMERGENCY MEDICAL INFORMATION

Emergency Contact: _____
Last First Relationship Phone

Emergency Contact: _____
Last First Relationship Phone

Family Physician: _____
Phone

Medication in Use: _____ Allergies to Medication or food: _____

As parent or legal guardian, I authorize a qualified physician to examine the above named athlete and in the event of injury or sudden illness, to administer care and to arrange for any consultation he/she deems necessary to ensure proper care of any injury or illness. Every effort will be made to contact the parent/guardian's to explain the nature of the problem prior to any involved treatment. I understand that I will assume full responsibility for payment of any services rendered. **Initials**_____ **Date** _____

Parent/Guardian Signature: _____ Date: _____

WVWP REGISTRATION AND EQUIPMENT FEES

RETURNING PLAYER CAP NUMBER #_____

T-SHIRT \ WARM-UP JACKET SIZE
ADULT: ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

YOUTH: ☐ Youth Small ☐ Youth Medium ☐ Youth Large

TEAM SUIT
Men's Size: _____

Women's Size: _____

CLUB REGISTRATION - ***PLEASE MAKE CHECKS PAYABLE TO: WVWP***
(Registration includes a team suit and t-shirt)

High School Age ($250/per player) $_____

Age Group ($170/per player) $_____

Nike Team Warm-up Jacket ($38/per player) $_____
Unless player already owns a NIKE WVWP warm-up
Nike Team Back Pack – optional ($50/per player) $_____

TOTAL PAYMENT **$**_____

CAR POOL INFORMATION
This information is needed to coordinate rides to practices and games. All drivers must be at least 21years of age. Team members **MAY NOT** drive other players, except siblings.

Name (Driver #1) _____ License#_____
Name (Driver #2) _____ License#_____

Auto Insurance Company _____
Policy Number _____ Policy Limits_____

Type of Vehicle _____ Number of passengers I can take_____

Carpool pick-up site closest for you - **PLEASE CHECK ONLY ONE**
☐ Sprague Area ☐ South Salem Area ☐ West Salem Area ☐ Albany Pool

Are you willing to help coordinate carpools for practices/tournaments? ☐ YES ☐ NO