

# Napa Valley Water Polo Inc.

P.O. Box 5633, Napa Ca. 94581 [www.nvwp.net](http://www.nvwp.net)

## Athlete/Family Registration Form

All athletes are required to have current USA Water Polo Registration

Contact information: USA Water Polo, 2124 Main Street Suite 210 Huntington Beach, C., 92648 714.500.5445 [www.usawaterpolo.com](http://www.usawaterpolo.com)

<b>ATHLETE INFORMATION</b>		<input type="checkbox"/> New	<input type="checkbox"/> Renewal
USA WATER POLO REGISTRATION NO: _____	SESSION: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
LAST NAME _____	FIRST NAME _____	M.I. _____	
ADDRESS _____			
DATE OF BIRTH (MM/DD/YYYY) _____	AGE _____	MASTER'S <input type="checkbox"/>	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME PHONE: _____	CELL PHONE _____		
ATHLETE E-MAIL: _____			
MEDICAL INSURANCE CARRIER: _____	SUBSCRIBER NAME: _____		
SUBSCRIBER NO.: _____	GROUP NO: _____		
PRIMARY PHYSICIAN: _____	PHYSICIAN'S PHONE: _____		
KNOWN ALLERGIES OR MEDICAL CONDITIONS: _____			
EMERGENCY CONTACT: _____	EMERGENCY PHONE NO. _____		
<b><u>PARENT/GUARDIAN INFORMATION</u></b>			
MOTHER'S NAME: _____			
ADDRESS: _____			
MOTHER'S HOME/ WORK/CELL PHONE NO: _____			
FATHER'S NAME: _____			
ADDRESS: _____			
FATHER'S HOME/WORK/CELL PHONE NO: _____			
FATHER'S E-MAIL ADDRESS: _____			
<b><u>RELEASE AND MEDICAL CONSENT</u></b>			
<p>The undersigned in accepting the right to participate in Napa Valley Water Polo programs and activities, releases Napa Valley Water Polo, its coaches, assistants, coordinators and Board of Directors from any liability arising from the athlete's participation in said program. I understand, acknowledge, and agree that Napa Valley Water Polo, its officers, employees, agents, or volunteers shall not be liable for any injury or illness suffered by the athlete which is incident to and/or associated with preparing for and/or participating in said program. I understand that Napa Valley Water Polo does not provide health and medical insurance for the athletes. Consent is hereby given to the instructors, coordinators, and/or volunteers to seek any treatment deemed necessary to safeguard life and health in the event of an emergency. I/We have read and accept the terms of this release and give consent to authorize Emergency Medical Care.</p>			
_____ Athlete's Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date

Please return NVWP Registration Form/payment with session registration or mail to NVWP, P.O. Box 5633, Napa CA 94581.