

HUNGARIAN STYLE WATER POLO BOOT CAMP

Select your Session:

- **Session One – Boys only (Born in 1992-1994) - June 26 - 30, 2009 Victoria BC Canada**
- **Session Two – Co-Ed (Born in 1995-1997) - August 24 - 28, 2009 Victoria BC Canada**

ATHLETE REGISTRATION FORM AND WAIVER

Athlete's Name: _____ Date of Birth: _____

USWP Athlete # _____ Medical Insurance # _____

Address _____ Postal Code _____

Home Telephone _____ Email: _____

Parent(s) or Guardian(s) Name(s) _____

Daytime Phone other than home number _____

Emergency Contact other than Parent(s) _____

Emergency contact daytime phone number (s) _____

Please provide any medical information that may be relevant, ex: asthma, diabetes, allergies, chronic conditions; medications carried, etc:

We request a phone call to discuss athlete's condition more fully: YES N/A

Team name: _____ Roommate request: _____

Athlete's Coach _____

Favorite position: _____

Waiver:

I, the undersigned, as the parent or legal guardian of a minor child _____, hereby authorize the designated camp physician to perform such diagnostic, medical and/or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child. It is distinctly agreed and understood, that the medical personnel participating in the care of my child shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all consequences of such treatment, diagnostic, or surgery, provided that these duties are performed with ordinary care and to the best of their ability.

Signature of Parent/Guardian

Date

Print Parent/Guardian's name

I hereby acknowledge that the aforementioned minor child is covered by medical insurance as follows:

Insured

Company

Policy #

Company Tel #

Signature of Parent/Guardian

Date