



## 2008 Pre-Christmas Girls' Under 14 Training Camp Registration Form

Mail Completed Registration Form & Cheque to:

Pacific Storm Water Polo Club at Suite 180 – 7231-120<sup>th</sup> Street, Delta, B.C. V4C-6P5

Program Inquiries to Registrar, Andrea Byman via e-mail at [abyman@telus.net](mailto:abyman@telus.net) or 604-988-5359

<b>December 20 &amp; 21, 2008</b>  <b>Saturday, December 20<sup>th</sup></b> 6:00 to 8:00pm (CCAC)  <b>Sunday, December 21<sup>st</sup></b> 8:00 to 10:00am (Vancouver Aquatic Centre) 6:00 to 8:00pm (CCAC)		<input type="checkbox"/> Yes, BCWP has permission to share my email address with BC Athlete Voice. <input type="checkbox"/> No, BCWP does not have my permission to share my email address with BC Athlete Voice.		
<b>Program Registration Fee</b> Payment Due Upon Registration	<b>\$59.00</b> (Non-Refundable)	<b>Cheque #</b>	<b>Date</b>	<b>Amount</b>
<b>Registered with BCWPA LWML Club?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If not registered with BCWPA LWML Club – <b>Additional \$50.00 is applicable for insurance</b>			
<b>Name of LWML Club Registered with:</b>	<b>Total Amount Paid:</b> <input type="checkbox"/> \$59.00 <input type="checkbox"/> \$109.00		<b>Cheque Payable to:</b> <b>Pacific Storm Water Polo Club</b>	

<b>First Name</b>	<b>Last Name</b>	<b>Sex</b>	<b>M</b>	<b>F</b>
<b>Birthdate (Day / Month / Year)</b>			<b>Age</b>	
<b>Address</b>		<b>City</b>	<b>Province</b>	
<b>Postal Code</b>	<b>Home Phone</b>	<b>Parents'</b>		
<b>Parent Email</b>		<b>Parent Cell</b>		
<b>Athlete Email</b>		<b>Athlete Cell</b>		
<b>NOTE: Important information is relayed through e-mail. Please include a REGULARLY CHECKED EMAIL ADDRESS.</b>				
<b>Emergency Contact</b>		<b>Emergency Phone</b>		
<b>Care Card #</b>		<b>Allergies</b>		
<b>Doctor's Name</b>		<b>Doctor's Phone #</b>		
<b>Medical Problems/Medications</b>		<b>Special Diet Needs</b>		

**RELEASE:** I acknowledge that I have read, understood and will abide by the Participant Code of Conduct. I agree that should I not comply with these responsibilities, I, and my parents in the case of a participant under the age of 19, will accept ALL costs incurred should it be deemed necessary to send me home as a result. I / We, the undersigned, my parents and/or guardians, heirs, executors and administrators, hereby release Pacific Storm Water Polo and its representatives (including the organizers of a program, trip or tournament sanctioned by them) from any and all claims or actions I may have for any injuries I may sustain during the course of the program and / or trip.

Signature of Participate \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_