

2 Week Trial Athlete Information Form 2011-2012 Season

Athlete #1	First Name	Middle Name	Last Name
Date of Birth (YYYY / MM / DD)	M / F Male / Female (Circle One)	Current School	
High River Pup Atom Bantam Level (circle one)	Okotoks Pup Cadet	Alberta Health Care #	

New Members - How did you find out about Dolphins Water Polo Club?

Primary Address	City	Province	Postal Code
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Mothers Name	Home Phone	Cell Phone	Work Phone
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Fathers Name	Home Phone	Cell Phone	Work Phone
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Other Guardian	Home Phone	Cell Phone	Work Phone
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Emergency Contact Other than Above	Home Phone	Cell Phone	Work Phone
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Mother's Email

Father's Email

RELEVANT MEDICAL INFORMATION: (Medications, allergies, conditions...) _____ _____ _____

Liability Release

I, the undersigned, acknowledge that the Alberta Water Polo Association and its member clubs, including the Prairie Dolphins Water Polo Club, assume no liability arising from personal injury, damages or loss of personal property while involved in or associated with any Water Polo Club Activity. As well, I hold club members, coaching staff, administrators or duly authorized persons harmless from liability and hereby authorize the above to take actions they deem necessary to correct, or attempt to correct, any situation which has resulted in personal injury, property damage or loss of personal property while involved with any Water Polo Club associated activity.

_____ Mother / Father / Guardian, Signature. <i>I, the above signed, do certify that all information provided is true.</i>	_____ _Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; text-align: center;">\$20 Fee Collected</td> </tr> <tr> <td style="background-color: #cccccc; height: 20px;"> </td> </tr> <tr> <td style="background-color: #cccccc; text-align: center;">_____ Club Representative</td> </tr> </table>	\$20 Fee Collected		_____ Club Representative
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