



Newport Water Polo Foundation

2010 Registration

www.newportwaterpolo.com

Personal Information

Players Name _____	USWP # _____
Birth date _____	Age on 12/31/10 _____
Current Grade _____	
Parent's Names _____	
Address _____	
City _____	Zip _____
Email _____	Phone # (____) _____

Registration - Please Check the sessions you wish to pay for

Winter Session January 4 th – March 11 th <input type="checkbox"/> - 8 th Grade & Under = \$375 <input type="checkbox"/> - 12 & Under = \$350 <input type="checkbox"/> - 10 & Under = \$350	Spring Session March 15 th – May 17 th /May 23 rd <input type="checkbox"/> - 8 th Grade & Under = \$375* <input type="checkbox"/> - 12 & Under = \$350* <input type="checkbox"/> - 10 & Under = \$350* <input type="checkbox"/> - San Diego = \$100 * - Extra Cost will be required if you go to the San Diego Tournament	Age is Determined by Players age on 12/31/10 All Players must be USWP Registered Number of Sessions you wish to pay for _____ - San Diego = \$100 Sub-Total \$ _____ Discounts 4 Sessions - \$100 3 Sessions - \$50 2 Sessions - \$25 Total Due for Registration \$ _____ Holiday Season To Be Announced
Summer Session June 2 nd – August 8 th <input type="checkbox"/> - Fall '10 9 th Graders= \$400 For Summer High School Season <input type="checkbox"/> - 14 & Under = \$375 <input type="checkbox"/> - 12 & Under = \$350 <input type="checkbox"/> - 10 & Under = \$350	Fall Session September 7 th - November 14 th <input type="checkbox"/> - 8 th Grade & Under = \$375* <input type="checkbox"/> - 12 & Under = \$350 <input type="checkbox"/> - 10 & Under = \$350 * - Extra Cost will be required if you go to the Speedo Cup	

Fees & Dates Subject To Change – Fees are good through January 30th, 2010

Fees are guaranteed if paid in advance

Make Checks Payable to Newport Water Polo Foundation

All Players MUST be USWP Registered – www.usawaterpolo.com

NEWPORT WATER POLO FOUNDATION 2010 AUTHORIZATION & CONSENT TO TREAT MINOR and RELEASE

Minor's Full Name: _____
(Last) (First) (MI)

Date of Birth: _____
(Month) (Day) (Year)

The undersigned parent or guardian of, a minor does hereby give consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to render under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of The coaches of Newport Water Polo Foundation(agent) and the "Persons to contact in an emergency" to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is valid for the 2010 calendar. A fax or other electronic copy of this Authorization and consent is as valid as the original.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

I realize that the sport of water polo is potentially dangerous and involves considerable risk including the possibility of broken bones, other internal injuries, or death. Therefore, I do hereby for myself, my heirs, executors, and Administrators release any coach of the Newport Water Polo Foundation, USA Water Polo, Inc., the Newport Mesa Unified School District, and the owners of the pool facilities where practices, games or tournaments are played from all claims, demands, actions, liability or causes of actions resulting from any injury or death to me, my son or daughter, my ward, or my property which may occur during participation in this club sport.

Family Doctor and/or Associate:

(Physician's Name) (City) (Phone)

Please indicate ANY Medical Problems, Conditions or Allergies (write none if none):

Medical Insurance Company:

(Name) (Policy Number) (Phone)

Person(s) to contact in an emergency:

(Name) (Phone) (Relationship)

(Name) (Phone) (Relationship)

This authorization shall remain in effect for the 2009 calendar year or until revoked in writing from the Parent or Legal Guardian:

(Print Name)

(Signature) (Date)

(Address) (City) (State) (Zip)

(Phone)

(Alternate Phone)