

# INNISFAIL HURRICANES WATER POLO CLUB

## TWO WEEK TRIAL FORM

Innisfail Hurricanes Water Polo Club is offering a Two Week Trial to players that are new to water polo for the cost of \$50.00, which is deductible from our registration fee if the athlete decides to join the season. The fee is required for insurance and registration under the Alberta Water Polo policy. Please notify the club registrar, who will make arrangements for access to the pool and will notify the coach which two weeks your athlete will be attending.

Athlete's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Ab. Health Care # \_\_\_\_\_ Circle One: Male / Female  
year/month/day

Address: \_\_\_\_\_  
Address City, Province Postal Code

Parent 1: \_\_\_\_\_  
Name: Last First Email Address  
Phone Contact: Home Number Work Number Cell Number

Parent 2: \_\_\_\_\_  
Name: Last First Email Address  
Phone Contact: Home Number Work Number Cell Number

Emergency Contact if different than above: \_\_\_\_\_  
Name: Last First Relevant Phone Numbers

Relevant Medical Information: (Medications, Allergies, Illness....) \_\_\_\_\_

### Liability Release:

I, the undersigned, understand there are inherent risks in the sport of water polo and that injuries can occur. I, the undersigned, acknowledge that the Innisfail Hurricanes Water Polo Club assumes no liability arising from death, 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, club executive, or duly authorized personal harmless from liability. I authorize the club 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 in any Water Polo Club activity.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date