

INNISFAIL HURRICANES WATER POLO CLUB

BASIC REGISTRATION FORM

Please Print

Athlete's Name: _____
Last First Middle

Athlete's Date of Birth: _____ year/month/day Circle One: Male Female

Address: _____
Apt#, Street Name and Number

City, Province Postal Code

Mother: _____
Name: Last, First Home Number Work Number

Cell Number Email Address

Father: _____
Name: Last, First Home Number Work Number

Cell Number Email Address

Athlete: _____
Cell Number Email Address

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

CODE OF CONDUCT COMPLIANCE

Please read with your athlete.

As a member of the Innisfail Hurricanes Water Polo Club, I will maintain a personal conduct that is in accordance with the Code of Conduct as required by the Alberta Water Polo Association and Water Polo Canada, when associated with any water polo club activity.

I certify that I have read, understand and will abide by the terms and conditions in the Alberta Water Polo Association Code of Conduct. www.albertawaterpolo.ca, Clubs/Officials/Coaches, Forms for Club/Coach, Code of Conduct and in the Canada Water Polo Code of Conduct. www.waterpolo.ca, About Us, Governance, Water Polo Canada Board Policies Page 38 & 39.

Signature of Parent/Guardian

Date

Signature of Athlete

Date

CONSENT FOR USE OF PERSONAL INFORMATION

I understand the Innisfail Hurricanes Water Polo Club collect personal information about each of its registrants, including name, address, email, telephone numbers, sex, age and date of birth. This information is used for the purposes of communications from the Innisfail Hurricanes Water Polo Club to members and to Alberta Water Polo Association. The medical and emergency information forms collected are given to the coach to ensure that they have medical emergency information if required.

The only other use the Innisfail Hurricanes Water Polo Club may use of the information would be to distribute a club roster to current athletes and their parents for information purposes. The roster information is intended to be used for arranging carpooling, fundraising information exchange, and to help keep the members of Innisfail Hurricanes Water Polo Club informed if there is a change in scheduling, etc.

By signing below, you consent to the Innisfail Hurricanes Water Polo Club using the information as necessary for the operation of the club.

Signature of Parent/Guardian

Date

By signing below, you do NOT want to have your athlete's information included in a club roster only.

Signature of Parent/Guardian

Date

I understand that the Innisfail Hurricanes Water Polo Club, Alberta Water Polo Association and Water Polo Canada may take photographs, videotape, or digital recordings of me during regular practices and competitive water polo activities. They may use these photographs, videotape or digital recordings on their websites, publications or other venues to promote the club and the sport of water polo. By consenting, I am permitting my name, my photos and my performance results to be used and waive the rights of compensation and ownership.

Signature of Parent/Guardian

Date

MEDICAL AND EMERGENCY INFORMATION

*This form stays with the athlete's coach and is available only to them or their delegates.
Please Print.*

Athlete's Name: _____
Last First Middle

Address: _____
Apt#, Street Name and Number City, Province Postal Code

Mother: _____
Home Phone Work Phone Cell Phone

Father: _____
Home Phone Work Phone Cell Phone

Emergency Contact, other than parents: Name Relationship to Athlete

Emergency Contact's: Home Phone Work Phone Cell Phone

Family Doctor Phone Number Alberta Health Care #

Medications: _____

Allergies: _____

Previous Injuries/Illness: _____

Does the player know how to administer his/her own medications? Yes No

If no, can the coach assist in giving medications? Yes No

Can the coach or designate administer pain relief medication eg. Tylenol Yes No

If yes, which medication and dosage? _____

What other conditions exist? (braces, contact lenses etc.) _____

Parent's Signature/Guardian Date