**Neptune Water Polo Club**

# REGISTRATION REQUIREMENTS

2012

**New & Returning Players:**

1. Complete the **Neptune Water Polo Club** Standard of Conduct form.

-Signed by parent and player.

1. Complete **Neptune Water Polo Club** Registration form.
2. Complete the **Neptune Water Polo Club** Medical Release Form.

-Pease attach a copy (front and back) of the athlete’s insurance card to the medical form.

1. Complete the FIU Waiver.
2. Attach a check payable to Neptune Aquatics for first months dues (prorated first month)
3. **NEW** **players:** Register with USA Water Polo online at **[www.usawaterpolo.c](http://www.usawaterpolo.com)****[om](http://www.usawaterpolo.com).**

-Top right corner “JOIN NOW”- Either Silver ($60-Beginners) or Gold Membership ($80-Advanced).

-Neptune Water Polo Club - (Club ID: \_\_\_\_\_\_\_\_)

1. **RETURNING players:** Attach a copy of your current USA Water Polo membership.

All athletes must complete all paperwork as well as pay the fee and first month’s dues before beginning practice. **No player will be allowed in the pool without** **confirming his/her completed registration**. If you are missing any of the items listed above, the registration is NOT complete.

**PAYMENT & PRACTICE SCHEDULE**

**REGISTRATION FEE**: $0

-One-time fee.

**Monthly payments**: $60.00 payable to Neptune Aquatics

-Payment is due the 1st of every month.

-A player will not be permitted to practice if payment is not received by the 10th of the month.

**PRACTICE SCHEDULE**: FIU Biscayne Bay Campus

3000  
 North Miami, FL 33161  
 305 206-0574

Monday-Wednesday-Friday 6:30-8:30pm

Saturday \*

**CONTACT INFORMATION**: Charles P

Cell phone: Email: Charles@swimneptunes.com

**Neptune Water Polo Club**

STANDARD OF CONDUCT

2012

Player’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be a responsible member of **Neptune Water Polo Club** and to behave in a manner reflecting well on me, my teammates, my coaches, and the managers of **Neptune Water Polo Club**.

I will behave in an appropriate sportsman-like manner. Any behaviors by me or my family members that reflects poorly on the club will be disciplined by the club leaders. I understand that smoking, consumption of alcoholic beverages, use of drugs not prescribed by a physician, leaving the group without permission, or other inappropriate and/or illegal behavior shall cause me to be sent home immediately at my parents’ expense and may lead to disciplinary action, possibly expulsion, from **Neptune Water Polo Club**.

I understand that the coaching staff and managers/chaperone will set all schedules and standards of conduct for the entire duration of any practice, scrimmage, game, or trip and will adhere to all set standards. I agree to participate in all team activities and to cooperate with staff at all times. Violations of these standards shall cause me to be sent home immediately at my parents’ expense and may lead to disciplinary action, possibly expulsion, from the **Neptune Water Polo Club**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Signature Date Parent’s Signature

**Neptune Water Polo Club**

REGISTRATION FORM

(2012)

** NEW PLAYER  RETURNING PLAYER Date Completed: \_\_\_\_\_\_\_\_\_\_\_**

**PLAYER’S INFORMATION**:

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex**: ( M / F ) **Birthdate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **USWP#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required)

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Father**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ **Home Phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Work Phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ **Work Phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School player attends**:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade player is in for 2011-2012 school year**? \_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Information (Parent)**

I would be interested in the following: (Circle one or more)

Booster Club Games & Tournaments

Team Apparel Fundraising

Don’t forget to attach a copy of the player’s insurance card and a current

USA Water Polo membership.

**Neptune Water Polo Club**

MEDICAL RELEASE FORM

RECREATIONAL SPORTS LIABILITY

RELEASE FORM

**Athlete’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) Last First M.I.

**Date of Birth**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(M) or (F)** **USWP#**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Expires**: \_\_\_\_\_\_\_\_ **Verified**: \_\_\_\_\_

The undersigned parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, does hereby give permission 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 by is given to provide authority and power on the part of Neptune Water Polo Club coaches and/or agent to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

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 Neptune Water Polo Club and the pool facilities where practice, games, or tournaments are played from all claims, demands, actions, liability or causes of actions resulting from any injury to me, my son/daughter, or my property or resulting of my death which may occur during participation in this club sport.

**Family Doctor and/or Associate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Problems**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a copy, front and back, of Athlete’s insurance card.**

**Parent or Legal Guardian:** (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian**: (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Ward’s First and Last Name (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian First and Last Name (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_