



Pacific Polo Water Polo Club Athlete Registration

Athlete Information

Legal First Name	Legal Last Name	Mid Initial	<u>M</u> <u>F</u> Gender
_____/_____/_____	(_____) _____ - _____	_____	_____
Date of Birth (MM/DD/YYYY)	Players Telephone Number	Preferred First / Last name if different than legal	
<u>Beginner</u> <u>Intermediate</u> <u>Advanced</u>			Athlete Active e-mail address (please write clearly)
Player ability level (circle one)			

Parent(s) or Legal Guardian Information:

First Name(s)	Last Name(s)
Billing Address (House # and Street Name)	City State Zip
(_____) _____ - _____	(_____) _____ - _____
Home Telephone Number	Work/Mobile Telephone Number
Parent Active e-mail address (please write clearly)	

Release of Liability

In consideration of the acceptance of this registration, we, the undersigned player, parent and/or guardian, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims for damage which we or either of us may hereafter have against the organization's club, its representatives, and its coaches for any and all damages which may be sustained and/or suffered by me or my children in connection with participating in the program.

I understand that my account balance is to be paid in full by the 10th of every month or the account holder is subject to a late fee of \$25. Please initial: _____

I agree to give **notice by the 10th of the month** before **cancellation of team enrollment** (whether temporary or indefinite). Notice **MUST** be **via e-mail to PacificH2oPolo@gmail.com**. If notice is not received via e-mail account will be billed accordingly. Please initial: _____

Signature of Parent or Legal Guardian Today's date

New Player Packet: Please circle your swimsuit & t-shirt size.

Registration Fee	\$25													Date Recv'd _____
Girls Swimsuit	\$85	<u>Size</u>	24	26	28	30	32	34	36	38				Date Recv'd _____
Boys Swimsuit	\$45	<u>Size</u>	24	26	28	30	32	34	36	38				Date Recv'd _____
Pacific Polo Shirt	\$15	<u>Size</u>	Small	Medium	Large									Date Recv'd _____
													Total Amount Paid \$ _____	

CONTACTS: Ian McKercher
858-722-1847
imckercher@aol.com

Kurt Hatch
858-449-9248
khatch@hme.com

Pacific Polo Water Polo Club Automatic Payment Authorization

Parent Name _____

Player(s) Name (s) _____

Automatic Charge to Credit Card

Bank Name

VISA Mastercard Discover
Type of Credit Card (circle one)

1st of each month
Date to be Charged

Name as it appears on Credit Card

Billing Address of Credit Card

City State Zip

[][][][][][][][][][] - [][][][][][][][][][] - [][][][][][][][][][]
Credit Card Number (Visa, Discover or MasterCard)

[][][]/[][][] [][][][][]
Expiration Date CVC (Security code)

My signature below authorizes Pacific Polo Water Polo Club to charge the appropriate amount to my credit card each month.

Signature of Account Holder

Today's date

