

**CALGARY WILD WATER POLO**  
**Summer Swim August 7-30, 2018**  
**Tuesdays & Thursdays 6:30-8:30pm**



PARTICIPANT'S NAME: \_\_\_\_\_  
(Last Name, First Name)

MALE      FEMALE

DATE OF BIRTH MM/DD/YY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & POSTAL CODE: \_\_\_\_\_

NOTABLE MEDICAL CONDITIONS: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT CALGARY WILD WATER POLO? \_\_\_\_\_

This information is collected to provide the club and coaches with information to run the program and may also be used by the club to contact you.

I, the undersigned, acknowledge that the Alberta Water Polo Association and its member clubs assume no liability arising from the personal injury, damages or loss of personal property while involved in our associated with any Water Polo Club activity. As well, I hold club members, coaching staff, administrators or duly authorized persons harmless from liability and hereby authorize the above 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 with any Water Polo Club associated activity.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_

PARENT / GUARDIAN PHONE & EMAIL: \_\_\_\_\_

\$99 CHEQUE MADE OUT TO 'CALGARY WILD WATER POLO' or e-transfer to [pay@wildwaterpolo.com](mailto:pay@wildwaterpolo.com).

Calgary Wild Water Polo Accounting only:

\$99 CHEQUE RECEIVED: CHEQUE NUMBER: \_\_\_\_\_