

Spartan Water Polo 2016 Registration

Player's Name: _____

Player's Email: _____

Player's Phone _____

Parent/Guardian: _____

Parent's Phone Number: _____

Parent's email: _____

Emergency Contact: _____ Phone: _____

Does the participant have any physical limitations? Yes no

If yes, Please explain _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing registration, liability release and agree to all of their terms and conditions.

Parent/Guardian Signature

Date

All players need to be currently registered with USA Water Polo-
<https://webpoint.usawaterpolo.com/wp15/intralock/login.asp>

Minimum level Bronze (\$35.00) – Please choose Murray Spartan WP as your club

Now good through 12/31/2016 –

Team Fees - \$300.00 (Can use fund raiser to help pay fees)

**MURRAY SPARTAN WATER POLO CLUB
2016 SPRING SEASON**

Name _____ Grade _____ Date of Birth _____

Address _____ Zip _____

School _____

Email 1. _____ Email 2. _____

Athlete Cell Phone # _____ Home Phone # _____

Parent/Guardian Name(s) _____

TRAVEL WAIVER AND ACKNOWLEDGMENT OF RISKS

We understand that buses are generally not provided for travel. Occasionally, buses will be used at an additional charge to the players. Athletes are responsible to find their own way to the away games. If traveling with another student, the following guidelines will apply when private vehicles are used:

1. The driver, whether student, coach, or parent, must have a valid driver's license and current automobile insurance.
2. Every student being transported must have and use a seat belt. I understand that my son or daughter may have to travel by private vehicle to Water Polo activities which are not held at the Murray Recreation Center. I release responsibility from Murray High School, the Murray Recreation Center, and the coaching staff from all liabilities for injuries received by athletes while in route to and from contests and practices. Furthermore, I (parent) fully understand that participation in this activity has the risk of serious injury, paralysis, or even death. We also understand it is recommended that all athletes consult their physician before participating. With full knowledge of these risks, I choose to participate in this program, and I as his/her parent/guardian give my consent for participation, and I authorize the supervising coach to act in my behalf with his/her best judgment in case of an accident.

INSURANCE

We understand that the Murray Recreation Center, Murray High School, or Murray School District does not carry accident insurance for injuries received during practices or competition. We understand that it is the responsibility of the parent/guardian to provide the primary accident insurance. United States Water Polo does provide secondary accident insurance for approved claims for reimbursement.

EMERGENCY INFORMATION

Person to notify in emergencies _____ h) _____ w) _____

Secondary person to notify _____ h) _____ w) _____

Signature of Parent/Guardian _____ Date _____