

HOBSON WEST WATER POLO REGISTRATION

LAST NAME	
FATHER'S NAME	MOTHER'S NAME
ADDRESS	
TELEPHONE HOME	
FATHER'S WORK/CELL	
MOTHER'S WORK/CELL	
OTHER	
EMAIL ADDRESS	

Player's Name	Birth date	Age as of 5/31	M/F	Allergies

EMERGENCY CONTACT: _____

SWIMMER'S PHYSICIAN: _____

SIGNIFICANT MEDICAL HISTORY _____



LAST TETANUS SHOT: _____

I, the undersigned, hereby grant permission for the Hobson West Water Polo team coaching staff and/or parent volunteers to obtain and authorize any emergency medical treatment deemed necessary by the examining physician.

 (signature) (relationship) (date)

I, the undersigned, give the Hobson West Waves Water Polo Team, the absolute right and permission to use unidentified photograph(s) of my child(ren) in the members-only section of the Waves website and first name only picture and identity on the Water Polo bulletin board at the Hobson West Clubhouse.

 (signature) (relationship) (date)

- | | |
|------------------------------------|---------------------------|
| Fees: Resident or Swim Team Member | <u>\$65</u> |
| Non Resident-Non HW swimmer | <u>\$100</u> |
| Team T-shirt | <u>\$10</u> SIZE S M L XL |

MAKE CHECKS PAYABLE TO HOBSON WEST WATER POLO TEAM.
 Naperville Summer League Insurance through USA Water Polo \$tbd
 Check our website once the Naperville summer league has been updated.) Must sign up online.
 Instructions to come.