

2012 Membership Registration

**\*\*Return To Your Coach\*\***

**I.E.W.P.**

**INLAND EMPIRE WATER POLO**

EST. 2010

Contact us:

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[www.iewaterpolo.org](http://www.iewaterpolo.org)

# Inland Empire Water Polo

## REGISTRATION FORM

Today's Date: \_\_\_\_\_

### Player Information

Player e-mail address: \_\_\_\_\_  
(Please print clearly)

Player Name: \_\_\_\_\_ USAWP No. \_\_\_\_\_

DOB: \_\_\_\_\_ (mm/dd/yy) Player age on 7.28.12: \_\_\_\_\_

Phone No: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

### Experience

Previous Club: \_\_\_\_\_ Years Playing: \_\_\_\_\_

Level of Play at School (V, JV, F/S): \_\_\_\_\_

Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

### Parent Information

Parent e-mail address: \_\_\_\_\_  
(Please print Clear)

Parent Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_  
(Leave Blank if same as Player)

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

# Inland Empire Water Polo

## Player and Parent Contract for IEWP

### Player

I, \_\_\_\_\_ have read the above **Player and Parent Contract for IEWP**. This contract affirms that I will give Inland Empire Water Polo 100% commitment to practice and games. I understand that in order to increase my personal understanding of the game, and to improve my skills I must always perform at my highest possible level.

Failure to do so can result in dismissal from IEWP.

I understand I don't have to be the best player but I must practice and compete with the best possible attitude and effort I can give.

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent

I, \_\_\_\_\_ am the parent of the above named player. This contract affirms that I will support my child in every possible way in order to help complete his/her commitment to IEWP as stated in the **Player and Parent Contract for IEWP**.

In the event of any problems with IEWP, I will make a respectful effort to speak with IEWP Staff to solve such issue. **In the event that IEWP and my family can not come to an amicable solution, I will remove my child from IEWP with the understanding that all fees paid are not reimbursable.**

I understand that in order to help my child become a better player, I too must abide by the **Player and Parent Contract for IEWP** in order to demonstrate a good example. **Failure to do so can and will result in the dismissal of my child from participation in IEWP with no refunds.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTENTION: THIS FORM MUST BE COMPLETED AND RETURN TO IEWP FOR PLAYER FILE**

**INLAND EMPIRE WATER POLO CLUB**

**Medical Release Waiver for Minors**  
**under 18 years of Age**

(THIS FORM MUST BE COMPLETED AND RETURNED TO IEWP)

I, \_\_\_\_\_ the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to IEWP Staff to use their own best judgment and contact Emergency Services (911) to come help my child in case of any emergency. Additionally, in case of such an emergency I authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and to be rendered by, a physician on the medical staff of any accredited hospital, whether at the office of the physician or at a medical hospital.

It is understood that this authorization is given to provide authority and power on the part of the owner of **Inland Empire Water Polo Club** or staff member in charge, to give consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his judgment may deem advisable.

Doctor to call in case of emergency: \_\_\_\_\_

Existing Illness or Conditions: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Alternate Emergency Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Parent/Guardian (Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# INLAND EMPIRE WATER POLO CLUB

## Legal Waiver

(THIS FORM MUST BE COMPLETED AND RETURNED TO IEWP)

I, \_\_\_\_\_ the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to release **INLAND EMPIRE WATER POLO CLUB (IEWP)**, and all stakeholders (other players, parents, fans, referee's, coaches, staff, and owners) from any and all liability in the event of any medical emergency. I understand that the any incident or actions of IEWP in the process of coaching/instructing the participant is meant to benefit the participant.

However, if an accident were to occur, I indemnify all parties involved (specifically INLAND EMPIRE WATER POLO CLUB and all of their stakeholders) from any and all liabilities in any incident and involvement of the above stated actions.

I understand that I am responsible for having primary medical insurance for the participant. I am also required by IEWP to have in good standing a silver or gold membership issued by USAWP, and have IEWP as the member club for secondary insurance purposes, in order to participate in IEWP events.

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

USAWP Membership Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Name of Parent/Guardian (Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_