

Carlsbad Water Polo

EST 2000

NEW PLAYER INFORMATION

Player's Name: _____

Home Address: _____

Birthdate (mm/dd/yyyy): _____

School Attending: _____ Grade: _____

MOTHER'S INFORMATION

Name: _____

Cell: _____

Email: _____

FATHER'S INFORMATION

Name: _____

Cell: _____

Email: _____

Release of Liability

I, the undersigned person having legal guardianship of the above said minor, give permission for the minor to participate in the Carlsbad Water Polo program. I agree to waive and release Carlsbad Water Polo and it's officers, agents, and employees from and against any and all claims, costs, and judgments arising out of my child's participation or injury resulting there from and hereby agree to indemnify and hold harmless Carlsbad Water Polo from any and all such claims.

Print Name: _____

Parents/Guardian Signature: _____

Date: _____

Carlsbad Water Polo

P.O. Box 1724, Carlsbad, CA 92018

email: carlsbadpolo@yahoo.com

www.carlsbadwaterpolo.com

