

Youth Registration & Release of Liability Form
2017 Innis Arden Water Polo
Youth Registration & Release of Liability Form

*Both pages of this form must be signed and returned to the Innis Arden Swimming Club
before the listed child can participate in Innis Arden Water Polo team activities.*

PLEASE PRINT CLEARLY

Today's Date: _____

Participant's Legal Name (First, MI, Last): _____

Participant's Age as of June 26, 2017: _____

Participant's Birth Date (month/day/year): _____ Male or Female: _____

Parent or Guardian's Name(s) (if participant is under 18yrs old) _____

Participant's Home/Mailing Address: _____

Parent Email(s): _____

Participant's Email: (if applicable) _____

Parent/Guardian 1: _____

Home Phone(s): _____

Work Phone(s) (optional): _____

Cell Phone(s) (optional): _____

Parent/Guardian 2: _____

Home Phone(s): _____

Work Phone(s) (optional): _____

Cell Phone(s) (optional): _____

Emergency Phone(s) if other than above: _____

Seattle Summer Swim Club: _____

Version 7/25/06

2017 Seattle Summer Water Polo League Participation Form

This form must be signed and returned to the club's coach before the listed child can participate in SSWPL team activities.

Name: _____ Birth Date: _____
Club: _____ Phone: _____

Emergency Phone(s): _____

I hereby consent to participation by my child, _____, in the Innis Arden Water Polo team. I understand that this activity involves elements of risk of bodily injury, including, but not limited to, activities occurring in a pool and the surrounding environment. We will assume all risks associated with and incidental to participating in the sport of water polo. My child has no special medical conditions, except those described below, and is fit to participate on a water polo team.

Special Medical Conditions:

In consideration of the right and privilege for my child to participate, we hereby release, waive, and agree to hold harmless the Innis Arden Swimming Club; its members, directors, employees, coaches and volunteers; the club hosting the event, its members, directors, employees, coaches and volunteers; all paid and volunteer referees for any and all liability, claims, legal actions, and demands of any nature whatsoever which may arise from or in connection with the water polo team or related activities.

I understand that events may take place away from our club pool. I understand that the coaches are not responsible for transportation to games or related activities.

I hereby authorize emergency medical/dental care and treatment for my child, as necessary.

Parent/Guardian

Date