

Spruce Grove
POLO BEARS
Water Polo Club



PLAYER INFORMATION CARD (will be used for away travel)

Athlete's Last Name _____ First Name _____ Middle Name _____

Athlete's Home Number _____ Athlete's own Cell # (if applicable) _____

Parent/Guardian to be contacted in case of emergency _____ Home# Work # _____ Cell# _____

Second parent Contact _____ Work # _____ Cell # _____

Emergency Contact Other than Parents _____ Relationship to Athlete _____

Home# _____ Work# _____ Cell # _____

Family Doctor _____ Phone Number _____ Alberta Health Care # _____

Out of Country Medical Insurance Company _____ Policy # _____

RELEVANT MEDICAL INFORMATION

Medications _____

Allergies _____

Previous Injuries _____

Does the player know how to administer his/her own medications: Yes/No

If NOT is Chaperone authorized to give medication: Yes/No

Is Chaperone authorized to give pain relief medication ie. Tylenol: Yes/No

If YES what: _____ Other _____

Conditions (braces,contact lenses,etc.): _____

Parents/Guardian Signature: _____

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SPRUCE GROVE POLO BEARS WATER POLO CONTRACT

ATHELETE(S)'S NAME(S):

LIABILITY RELEASE

I, the undersigned, acknowledge that the Spruce Grove Water Polo Club, assumes no liability arising from personal injury, damages or loss of personal property while involved in or associated with any Water Polo Club activity. As well, I hold the club members, coaching staff, administrators or duly authorized persons harmless from liability and hereby authorize the above to take actions they deem necessary to correct, or attempt to correct, any situation which has resulted in personal injury, property damage or loss of personal property while involved with any Water Polo Club associated activity.

Signature of Parent/Guardian

Date

REGISTRATION CONTRACT

Athlete(s)'s full name(s):

In consideration of Spruce Grove Water Polo Club (the "Club") agreeing to the above athlete as a member of the club,

I/we agree to accept financial responsibility for the full fees of the above-named athletes, to pay his/her travel costs in the form of post-dated cheques and to accept responsibility for bingos, casino and volunteer obligations.

Signature of Parent/Guardian

Date

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FUNDRAISING AGREEMENT

As a parent of a member of Spruce Grove Water Polo Club (the "Club"), I recognize that I am obligated to participate in and assist in fundraising efforts that benefit the Club over all and are endorsed by the Club Executive.

Signature of Guardian/Parent

Date

TRAVEL COMMITMENT AGREEMENT

Spruce Grove Water Polo Club requires that your son/daughter will attend the practices of the club if they want their child to play with the team.

Spruce Grove Water Polo Club requires that you to inform the coaches by the deadline if your son/daughter will be attending a tournament/game. This will allow the coaches to plan and determine how many teams (if any) will be entering the tournament/game. Please note there may be an additional fee to attend a tournament/game which are not part of the ABC (Atom, Bantam, Cadet) League.

Signature of Parent/Guardian

Date

CONSENT FOR USE OF PHOTOGRAPHS, VIDEOS ETC.

I understand that the Spruce Grove Water Polo Club, Alberta Water Polo Association and Water Polo Canada have a valid interest in taking photographs, video tape, or digital recordings of my child(ren) during regular practices and competitive water polo activities, and to use these in any and all media to promote the club and the sport of water polo, and I consent to this. I waive any rights to compensation and ownership thereto.

I am aware that by giving this consent, I am permitting my child(ren)'s name, photos and performance results to be posted on the Spruce Grove Water Polo Club, Alberta Water Polo Association and Water Polo Canada websites or publications, and other venues.

Signature of Parent/Guardian

Date

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CONSENT FOR USE OF PERSONAL INFORMATION

I understand the Spruce Grove Water Polo Club (the Club) collects personal information about each of its registrants, including name, address, E-mail, telephone number, sex, age and date of birth. This information may be used by and disclosed to Water Polo Canada (WPC), Alberta Water Polo Association (AWPA), and Sport Canada for annual demographic reporting, registration, determining age group and to communicate with participants about water polo programs, events and activities.

We, the club, will use this information for communication with club members and to facilitate communication among our club members. Your contact information may be made available to other club members as reasonably necessary for purposes related to the club's activities.

I understand that, by registering, I am consenting to the use of the personal information as necessary for the operation of the Spruce Grove Water Polo Club and its assoc.

Signature of Parent/Guardian

Date

The only additional use the Spruce Grove Water Polo Club makes of the information is to distribute a club roster to current athletes and parents including the athlete's name, parent names, telephone and cell numbers, addresses and emails of parents and athlete, for the convenience of those participating in the program. This allows everyone to contact others involved in the program to ease the process of arranging car-pooling, etc., and contributes to our community spirit.

Please indicate below if you **DO** give your consent to having your information shared on the club's roster.

Signature of Parent/Guardian

Date