



2003 USA WATER POLO ATHLETE MEMBERSHIP REGISTRATION FORM

1685 WEST UINTAH COLORADO SPRINGS, CO 80904 PHONE 719-634-0699 FAX 719-634-0866 USWPOFFICE@USWP.ORG

Membership is valid January to December of the calendar year. Please allow 4-6 weeks to receive your membership card.

	Fee	Total
ONE-YEAR ATHLETE	\$50	\$ _____
THREE-YEAR ATHLETE	\$120	\$ _____
ONE-TIME, FOUR-MONTH TRIAL ATHLETE	\$25	\$ _____
ASSOCIATE MEMBERSHIP		
<i>NO USWP PRACTICE, CLINIC, OR PLAYING ELIGIBILITY OR INSURANCE INCLUDED; FOR ATHLETES NOT A MEMBER OF A USWP CLUB AND FOR PARENTS, VOLUNTEERS, FRIENDS</i>		
ONE-YEAR	\$20	\$ _____
FOUR-YEAR	\$70	\$ _____
YES, I AM MAKING A TAX-DEDUCTIBLE DONATION TO USA WATER POLO RUSH FEE	\$10	\$ _____
TOTAL		\$ _____

\$10 RUSH FEE
 For 24 Hour Membership Processing and On Site Registration at National Championships. Membership verification will be faxed or e-mailed within 24 hours.

PAYMENT METHOD

Check, payable to *USA Water Polo* (\$15 returned check fee)

Visa MasterCard

Card No. _____ Exp. _____

Signature _____

Membership fee includes subscription to Water Polo Scoreboard magazine

CHECK ONE: New Renewal MEMBERSHIP NO. _____ SS#: _____ - _____ - _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____ SEX: Male Female

HOME PHONE NUMBER: (_____) _____ WORK PHONE NUMBER: (_____) _____

EMAIL ADDRESS: _____ APPLICATION DATE (MM/DD/YYYY): _____

Please Print Clearly

CLUB: _____ CLUB NUMBER: _____ ZONE NAME: _____

PARENT NAME (S): _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ALL ATHLETES MUST SIGN THE WAIVER BELOW: IF YOUR WAIVER IS NOT SIGNED, YOUR APPLICATION WILL BE RETURNED.

MEMBERSHIP WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the USA Water Polo, Inc. athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest office immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS USA WATER POLO, INC., its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITH ANY INDUCEMENT.

X _____ _____

PARTICIPANT'S SIGNATURE DATE SIGNED

FOR PARTICIPANT'S OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify the Releasees from any and all liabilities incidental to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____ _____

PARENT/GUARDIAN SIGNATURE EMERGENCY PHONE NUMBERS

DATE SIGNED _____