



Manitoba Water Polo Association Inc.

School League 2017 Registration Form

(to be completed by Athletes, Coaches and Managers)

School: _____ Grade: _____

First Name: _____ Last Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Home Phone #: _____ Parent's email address: _____

Gender: _ M _ F Birth Date: (day/month/year): _____

MWPA Insurance Fee \$30.00: Cash Cheque (cheques made payable to MWPA)

___ **Athlete:** Are you also a member of a club? If so, which one? _____

___ **Coach:** NCCP/CBET Certification#: _____ Year: _____

___ **Manager**

Notice of Warning

There is a potential risk for injury involved in training and participating in the sport of water polo. The Manitoba Water Polo Association (MWPA) and its member clubs have tried to create a safe and controlled environment for participation with age appropriate divisions. The MWPA has established rules for participation and conduct on and about the playing area that should be followed. Risks include possible physical injury caused by other participants or collision with equipment, pool components or other participants, etc.

Privacy

Personal information collected by MWPA will be retained and used for the purposes that include communicating about Manitoba Water Polo programs, events and activities. Any photographs taken may be used for MWPA published materials, social media and website.

Consent

- I understand and consent to the privacy statement above.
- I accept the risks involved in participating in Water Polo programs. I understand that to prevent ear, mouth and other injuries the proper use of water polo equipment such as caps and mouth guards is recommended.
- I certify that all the above information is accurate and true.
- I acknowledge that I am a member of the Manitoba Water Polo Association and am governed by its policies and eligible for benefits of membership.

Applicant's Signature

Parent/Guardian Signature: (if applicant under 18)

Date

Date