



Manitoba Water Polo Association Provincial Team Registration

Athlete's Information:

Name: _____ Date of Birth (Year/Month/Day): _____

Mailing Address: _____ Postal code: _____

Contact Information:

Name of Parent(s)/Legal Guardian(s): _____

Weekday Phone # _____ Evening Phone # _____ Cell # _____

Family/Parent's Email: _____

MB Medical Number: _____

Athlete's Participation Agreement:

I agree to fully participate on the Provincial Water Polo Team. This includes attendance at regular practices _____ (initial); and to travel to each competition for which I am selected as a team member _____ (initial)

Parental Interest

A number of events come up throughout the year, which may require some parental participation. These activities include travel and fundraising to help reduce registration fees and travel costs. Please indicate the area in which you would be willing to assist.

Please check (✓) the area in which you would be willing and able to assist.

Chaperone () I would like to be considered as a team chaperone when my child travels

Fundraising () I am willing to organize fundraising activities
() I am willing to assist in fundraising activities