



CALGARY WILD WATER POLO TWO WEEK TRIAL FORM

Thank you for your interest and participation

TRIAL START DATE: _____

PARTICIPANT'S NAME: _____

(Last Name, First Name)

MALE FEMALE

DATE OF BIRTH MM/DD/YY: _____

ADDRESS: _____

CITY & POSTAL CODE: _____

NOTABLE MEDICAL CONDITIONS: _____

HOW DID YOU FIND OUT ABOUT CALGARY WILD WATER POLO? _____

This information is collected to provide the club and coaches with information to run the program and may also be used by the club to contact you.

I, the undersigned, acknowledge that the Alberta Water Polo Association and its member clubs assume no liability arising from the personal injury, damages or loss of personal property while involved in our associated with any Water Polo Club activity. As well, I hold 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.

PARENT / GUARDIAN SIGNATURE: _____

PARENT/ GUARDIAN NAME: _____

PARENT / GUARDIAN PHONE & EMAIL: _____

\$25 CHEQUE MADE OUT TO 'CALGARY WILD WATER POLO'. This fee will be applied as a credit to your registration fee should you choose to register with the Calgary Wild Water Polo after your two week trial.

Calgary Wild Water Polo Accounting only:

\$25 CHEQUE RECEIVED: CHEQUE NUMBER: _____