

# Orange County Riptide Aquatics Water Polo Registration Form

## Player and Contact Information

|   |                                  |            |     |       |
|---|----------------------------------|------------|-----|-------|
| Full Name (Last, First, Middle Initial)     | Age                              | Birth date | M/F | Grade |
|   |                                  |            |     |       |
| Father's/Guardian's Name (Last, First)      | Cell / Home #                    |            |     |       |
| Mother's/Guardian's Name (Last, First)      | Cell / Home #                    |            |     |       |
| Primary Email                               | Additional E-mail (not required) |            |     |       |
| Alternative Emergency Contact (Last, First) | Cell / Home #                    |            |     |       |

## Medical Information/Waiver

Allergies/Special Health Considerations:

In the event that a parent/guardian or alternate contact cannot be reached in case of an emergency, I authorize agents of OC Riptide Aquatics to seek medical treatment for my child listed above  
I release OC Riptide Aquatics and individuals from liability in case of accident during activities related to OC Riptide Aquatics, as long as normal safety procedures have been taken.

|                             |      |
|-----------------------------|------|
| Parent/Guardian's Signature | Date |
|-----------------------------|------|

## Membership Agreement

I certify that the above information to be correct, and understand the fee obligation of participation beyond the trial week.

|                               |      |
|-------------------------------|------|
| Parent's/Guardian's Signature | Date |
|-------------------------------|------|