

CAPISTRANO VALLEY
AQUATICS CLUB
AGE GROUP WATER
POLO REGISTRATION
2007

PLAYER NAME: _____

PARENTS NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

CHILD'S BIRTHDATE: _____

AGE: _____ USWP# _____

CAPISTRANO VALLEY HIGH SCHOOL POOL

WAIVER AND RELEASE OF LIABILITY

This program is sponsored by Capistrano Valley Aquatics Club. Capistrano Valley High School and the Capistrano Unified School District have no affiliation with Capistrano Valley Aquatics Club. I release, hold harmless and promise not to sue USWP, Inc., Capistrano Valley High School or the Capistrano Unified School District, their officers, agents, employees, sponsors, as well as the sponsor or organizer of any sanctioned event, with respect to an and all such injury, paralysis, dismemberment, death, or misconduct of one of those individuals or organizations.

PARENTS NAME: _____

PARENTS SIGNATURE: _____

IF ATHLETE IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN ABOVE,
THIS IS TO CERTIFY THAT YOU CONSENT TO THE ABOVE WAIVER AND RELEASE.