

Rockwall/Heath High School Water Polo Registration Form

*Please bring the registration form along with payment to the first water session.
Make checks payable to Dallas Water Polo Club.*

Name: _____ Age: _____ DOB: _____
School: _____ Male/Female: _____ Yr in School: _____
Athlete's Address: _____
City: _____ State: _____ Zip: _____
Parent's Name(s): _____
Phone: _____ Alt. Phone: _____
Email(1): _____ Email(2): _____
Emergency Contact: _____ Medical Insurance Info: _____

Please list any current medical conditions in which you may be receiving treatment and/or medication(s):

I hereby authorize the directors of the Dallas Water Polo club to act for me according to their best judgment in any emergency requiring medical attention. I know of no medical, mental, or physical problem, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his or her attendance at this camp. I hereby agree to save, indemnify and hold harmless the Dallas Water Polo Club staff, its agents, employees, and sponsors against any and all liability, claims, or demands for damages arising from injuries sustained by my child during the camp.

Signature of Athlete: _____ Date: _____

Signature of Parent: _____ Date: _____

*If athlete is under the age of 18, a parent's signature is required

Note: The water polo program is not sanctioned by the Rockwall ISD.
The Rockwall ISD will not provide transportation.
The players will be covered by DWPC insurance coverage.