MODESTO SPARTANS AQUATICS CLUB 2019 - 2020 Cost: \$25.00

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SPORT: WATER POLO

- 1. Fill out the Form below completely and legibly
- 2. Return this form and Payment (\$25.00) to Coach Devlin/Metcalf
- 3. Cash or Check payable to: "Modesto Spartans Athletic Club/Water Polo"

| Last Name | (Please print | clear and neat) | t) First Name | | | | | | | |
|------------------------|---------------|--|---------------|-----------|--|--|--|--|--|--|
| Home / Mailing address | | | | | | | | | | |
| City | Zip | Birthdate | Age | Grade | | | | | | |
| lome Phone | Cell Phone | Email address | | | | | | | | |
| ASH OR CHECKS | \$ 25.00 | PAYABLE TO: Modesto Spartans Athletic Club | | | | | | | | |

WAIVER, RELEASE, ASSUMPTION OF RISKS

By paying or authorizing payment of my annual dues, I certify that:

- 1. I have never been convicted of any sex offense nor felony or if so, I must apply for membership (and receive approval) through the American WaterPolo National office.
- 2. This application is correct in every material aspect, including but not limited to my street address and birth date The Applicant agrees to be bound by the American WaterPolo Code, including all American WaterPolo Policies, which are available for review on the American WaterPolo Web site at www.americanwaterpolo.org
- 3. I do understand that my participation in American WaterPolo activities involves risks and dangers of serious and permanent bodily injury and death. I or my parent or guardian if I am a minor, hereby release hold harmless, discharge and agree not to sue American WaterPolo, its Club/teams, directors, Officers, Employees, Coaches, officials and volunteers for all liability from my participation in these and any other American WaterPolo related travel or activities.

HAVE HEALTH / MEDICAL INSURANCE YES / NO

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| ATHLETE'S SIGNATURE | | PARENT'S SIGNATURE | DATE |
| PAID | DATE | UPDATE 10-10 |)-19 |
| COLLECTED BY | | | |