

NORWOOD

2016 WATER POLO REGISTRATION

Norwood Pool membership is required. The membership application can be found at www.norwoodswimclub.org
 \$75 per player water polo fee for the season. Make checks payable to Norwood Swim Club

Player's Name:	Birthdate:
Player's Name:	Birthdate:
Player's Name:	Birthdate:

Parent's Names(s):	Phone #:
Address:	Wireless #:

Emergency Contact

Name:	Contact #:
Name:	Contact #:

Vacation Information:

I am planning to be at all of the games: yes no

If no, what games will be missed? _____

Medical Release

As the parent/legal guardian of the child(ren) named above, I hereby give consent for emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child. I grant this consent only after every attempt has been made to contact me.

Allergies/chronic illnessess/medications _____

Insurance Provider _____

Physician's Name _____ Phone # _____

Signature of parent/guardian _____