



MEMBERSHIP APPLICATION



Ontario Water Polo Association 1185 Eglinton Ave. E. Suite 105 Toronto, Ontario, M3C 3C6
Tel: 416-426-7028 Fax: 416-426-7356, www.ontariowaterpolo.ca

New Member Renewal Recreational Competitive

Applicant Information

Last Name: _____ First Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ Prov.: _____ Postal Code: _____

Birth date: _____ Age: _____ Gender: _____ Health Insurance # _____
Dd/mm/yyyy

Tel (Home): _____ Cell: _____ Tel (parents business): _____

Email (athlete): _____ Email (parents): _____

Allergies: Yes / No If yes Details: _____

How many bingos would you like to work at? _____

Notice of Warning

There is a potential risk for injury involved in training and participating in the sport of water polo. The Ontario Water Polo Association (OWPA): and its member clubs have tried to create a safe and controlled environment for participation. The OWPA has established rules for participation and conduct on and about the playing area that should be followed. Some hazards, which may lead to catastrophic situations, are: slips on the pool deck or surrounding area, chlorine leaks, ball injuries and personal body contact injuries, etc.

By signing this document I agree to and will abide to all the OWPA policies. If I am a parent/Guardian of a minor I provide consent for my minor child to participate with the OWPA.

I Have read and understand the Notice of Warning

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Applicant's Signature: _____ Date: _____

Club Executive Member's Signature: _____ Date: _____