



Shadow Water Polo Club

MEMBERSHIP APPLICATION

PART A: Athlete Information

Athlete:	_____	_____
	First name and initials	Last name
Address:	_____	
	Apt./No.	Street P.O. Box or R.R. No.

	City	Province/Territory Postal Code
Gender:	_____	Athlete's Email: _____
Date of Birth:	_____	Phone: Home _____ Cell _____
School:	_____	

PART B: Parent/Guardian Information

Main Parent/Guardian:	_____	_____	_____
	First name	Last name	Email
Telephone: Home:	_____	Work: _____	Cell: _____
2 nd Parent/Guardian:	_____	_____	_____
	First name	Last name	Email
Telephone: Home:	_____	Work: _____	Cell: _____

PART C: Emergency Contact & Health Information

Emergency Contact Name:	_____	_____	_____
	First name	Last name	Relationship to athlete
Telephone: Home:	_____	Work: _____	Cell: _____
Family doctor name (optional):	_____	Family doctor number:	_____
Provincial insurance (optional):	_____		
Does the athlete have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain: _____
Does the athlete need to keep with them an allergy medication such as an Epi-pen or asthma inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify:	_____		
Does the athlete have any dietary or food restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain. _____

PART D: Consent

I hereby consent to and authorize Shadow Water Polo Club and its representative(s) to: share information and provide first aid, and/or obtain medical care and services (e.g., contacting EMS/ambulance) as needed using their best judgement for the health and safety of the athlete during Shadow Water Polo Club activities.

Signature of custodial parent/guardian

Date:

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 Incorporated (OWP) and its member clubs have tried to create a safe and controlled environment for participation. The OWP has established rules for participation and conduct that should be followed. Some hazards which may lead to catastrophic situations are: slips on the pool deck or surrounding areas, chlorine leaks, ball injuries and personal body contact injuries etc.

By signing this document I agree to and will abide to all the OWP and Shadow Water Polo Club policies. If I am a parent/guardian of a minor I provide consent for my minor child to participate with the OWP and the Shadow Water Polo Club.

	I/We have read, and understand the Notice of Warning
	I/We have read, understand and will abide by the OWP Standards of Behaviour
	I/We have read, understand and will abide by the terms and conditions in the Ontario Water Polo code of conduct
	I/We am aware of the OWP PIPEDA Policy and consent form
	Throughout the year players photos and videos may be used in several ways: to highlight players in newsletters, website, promotional articles and materials for the club. I/We give permission to the Shadow WPC to have our athlete (named above) photographed and/or videotaped and such photographs and videos be used as above.

Member's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(IF UNDER 18)