

Coquitlam Lions Water Polo Club – Registration Package 2015/16



Season: 2015/2016

Date: _____

ATHLETE INFORMATION

Last Name:		First Name:		Gender: M / F
Date of Birth (DD/MM/YYYY):		Team:	10U 12U 14U 16U 18U HP*	
For 12U/14U - Preferred Practice Location:			Chimo Pool <input type="checkbox"/>	Hyde Creek Pool <input type="checkbox"/>
Additional Options: please mark your selection	Swimming Practices <input type="checkbox"/> Tuesday		Hyde Creek Practices on: <input type="checkbox"/> Fridays	
Address:		City:		Prov: BC
Postal:		Email:		
Home Phone:		Cell Phone:		

* For HIGH PERFORMANCE ATHLETES registered with an HP Club:

Name of HP Club:		Number of practices a week:	
Have you paid BC Water Polo Insurance with your HP Club Registration?			Yes <input type="checkbox"/> No <input type="checkbox"/>

FAMILY INFORMATION

Interested in volunteering as Team Manager

Father/Guardian Name		Mother/Guardian Name	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Emergency Phone number:		Name:	

MEDICAL INFORMATION

Athlete Care Card #:			
Family Doctor:		Doctor's Phone:	
Athlete's Relevant Medical Information, Allergies:			
Is athlete able to self-administer medication?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Chaperone authorized to administer prescription medication?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Chaperone authorized to give over-the-counter pain medication?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please indicate which medication (ie: Advil, Tylenol, etc.)			

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I/We, the parent(s)/guardian(s) of _____ confirm the above information is accurate and can be used for emergency purposes.

I/We agree that my/our contact information is shared with other club members for the purpose of coordinating volunteer activities.

Parent/Guardian (1): _____
 Print Name

 Signature

Parent/Guardian (2): _____
 Print Name

 Signature

Date: _____

*****SECTION FOR CLUB OFFICIAL USE ONLY*****

Total Amount Paid:	\$	<input type="checkbox"/> By Cheque #	<input type="checkbox"/> Cash
	\$	<input type="checkbox"/> By Cheque #	<input type="checkbox"/> Cash
	\$	<input type="checkbox"/> By Cheque #	<input type="checkbox"/> Cash
Volunteer Cheque:	\$	<input type="checkbox"/> By Cheque #	
For the following player(s):	1.		
	2.		
	3.		
	4.		